Medicaid Management Information System (MMIS)

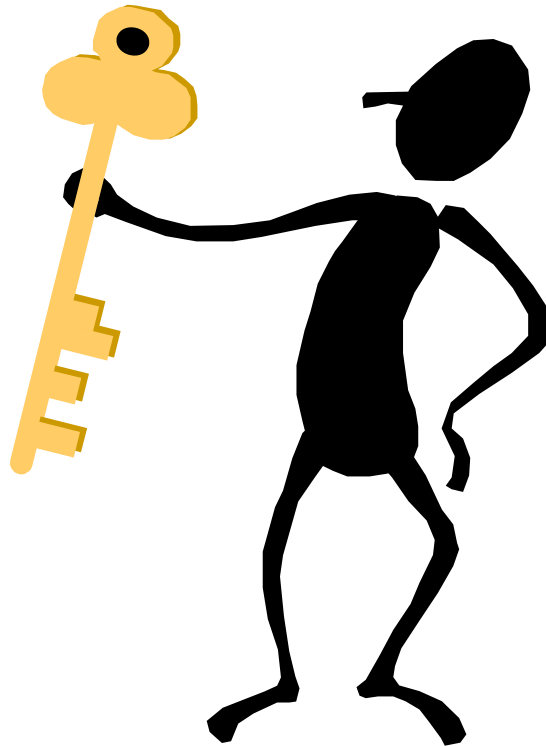# EDS - Electronic Data Systems
Medicaid Fiscal Agent
Overview

Goals

This section will provide participants with:
- An overview of the different departments within EDS.
- A brief description of the functions of these departments.
- A closer look at areas that relate to your job.

Objectives
- At the end of this section, you will better understand:
- The complexity of EDS and the variety of functions performed.
- The resources at EDS that can help you with problems or questions that arise related to Medicaid/BadgerCare and SeniorCare.

Introduction

Electronic Data Systems is the world's largest information technology company. EDS has served as the fiscal agent for Wisconsin Medicaid since 1977. In 1997, EDS and UGS (United Government Services) entered into a relationship to mutually provide fiscal agent services to Wisconsin Medicaid/BadgerCare. EDS is responsible for the Medicaid/BadgerCare fiscal agent contract and UGS is EDS' subcontractor. There are approximately 400 employees at this location.

EDS is divided into six areas:

- Operations

- Provider Services

- Recipient and Financial Services

- Project and Policy Management

- System Support

- Administrative Support

Economic Support workers will primarily interact with only the areas of Provider, Recipient and Financial Services. More information on the other areas is available in the on-line in the MMIS Overview document.

Recipient Services

Eligibility Unit

The Eligibility Unit controls all current and historical eligibility data for Medicaid/BadgerCare recipients. The following is a list of the analysts and the functions performed in the unit:

Eligibility Analysts: Adjudicate worksheets, edits, and good faith claims. Updates the MMIS system via data entry of HCF 10110s (formerly 3070) and presumptive eligibility certifications. Respond to county worker phone calls and written correspondence.

Nursing Home Analyst: Update the MMIS system via data entry for Institutions, Spenddown, Lock-In, and Hospice Authorization. Coordinates BQA tapes and adjudicates pending transactions.

Buy-In Analyst: Adjudicate pending transactions received from various sources and updates the MMIS system via data entry. Communicates with county workers in regards to Medicare Buy-In.

Managed Care Unit

Medicaid contracts with HMOs to provide covered services to Medicaid, Healthy Start, and BadgerCare recipients living in a Medicaid HMO service area. The Medicaid/BadgerCare HMOs receive a monthly capitation payment from Medicaid for each enrollee. The Managed Care Unit maintains and disburses data on enrolled recipients in state-contracted HMOs. The unit consists of Managed Care Analysts, Contract Monitors, Ombuds, and the Nurse Consultant. These areas are further described in the MMIS On-line Manual.

Correspondence Unit

Correspondents are responsible for assisting recipients with Medicaid or BadgerCare benefit and policy questions and checking the status of claims and prior authorizations. The correspondents will respond to inquiries via phone and written correspondence. Recipients are also able to request replacement ID cards.

The correspondents assist the Social Security Administration and the SSI State Supplement Unit with the maintenance of the SSI recipient's Medicaid file. SSI recipients are able to report a change of address (a temporary change) and also request a replacement ID card by calling the Correspondent Unit.

The Correspondent phone number is 1-800-362-3002.

NOTE: TDD and translation services (140 languages) are available to each unit.

Financial Services

The financial services unit includes the following areas:

Casualty/Subrogation

Monthly trauma reports, provider referrals, workers compensation quarterly reports, attorneys, or insurance companies identify casualty cases.

Estate Recovery Program (ERP)

Recovers monies from the estates of Medicaid recipients. The recipients must have authorization for nursing home or home health care with no living dependents under the age of 21 and no living disabled children. The four types of recovery that the ERP makes are through affidavits, liens, estate claims, and voluntary refunds.

Insurance Disclosure

Maintains updated insurance coverage. Insurance companies have a signed contract with the state of Wisconsin to provide Medicaid with all of their policyholder and dependent information. This information is added to the recipients file in order to cost avoid when a provider bills Medicaid.

Coordination of Benefits (COB) Unit

Ensure that the Wisconsin Medicaid Program is a payer of last resort for health care services. This is accomplished by prepayment cost avoidance editing, post payment from insurance companies, and monthly post payment billing to Medicare Part B and private insurance carriers and monthly provider based billing. The COB number is 608-221-4746, extension 3108. Do not give this number to recipients. If a recipient has a TPL question or problem, s/he should call the Recipient Hotline at 1-800-362-3002. If appropriate, the Recipient Hotline may transfer the recipient to the COB unit.

BadgerCare Unit

Premium collection is maintained in this area along with the processing of refunds. The BadgerCare Unit also verifies if a recipient has access to major medical insurance through his or her employer and determines if it is cost-effective for the state to purchase the employer sponsored insurance. To contact the BadgerCare Unit call 1-888-907-4455.

MAPP Unit

The MAPP Unit functions similar to the BadgerCare Unit. Premium collection is maintained in this area along with the processing of refunds. The MAPP Unit also verifies if a recipient has access to major medical insurance through his or her employer and determines if it is cost-effective for the state to purchase the employer sponsored insurance. To contact the MAPP Unit call 1-888-907-4455.

Central Application Processing Operation (CAPO)

CAPO has two main functions – customer service and application processing. CAPO customer service workers answer telephone inquiries about the SeniorCare program and the status of applications. Application processing staff use CARES to process applications and determine eligibility for Senior Care only. To contact the CAPO call 1-800-657-2038.

The following contacts are available to answer worker's questions.

ESS/EDS Staff Contacts

EDS RECIPIENT SERVICES
P.O. BOX 7636, MADISON, WI 53713
(608) 221-4746

STAFF/CERTIFYING AGENCY ASSIGNMENTS

EXTENSION 3104	EXTENSION 3475	EXTENSION 3477
001 Adams	040 Milwaukee	030 Kenosha
002 Ashland	044 Outagamie	031 Kewaunee
003 Barron	045 Ozaukee	032 LaCrosse
004 Bayfield	046 Pepin	033 LaFayette
005 Brown	049 Portage	034 Langlade
006 Buffalo	051 Racine	035 Lincoln
007 Burnett	053 Rock	036 Manitowac
008 Calumet	058 Shawano	037 Marathon
009 Chippewa	059 Sheboygan	038 Marinette
010 Clark	060 Taylor	039 Marquette
011 Columbia	061 Trempealeau	047 Pierce
012 Crawford	062 Vernon	048 Polk
013 Dane	063 Vilas	050 Price
014 Dodge	070 Winnebago	052 Richland
015 Door	071 Wood	054 Rusk
016 Douglas	072 Menomonie	055 St. Croix
017 Dunn	080 RNIP	056 Sauk
018 Eau Claire	090 RNIP	057 Sawyer
019 Florence	100s - 600s	064 Walworth
020 Fond du Lac		065 Washburn
021 Forest		066 Washington
022 Grant		067 Waukesha
023 Green		068 Waupaca
024 Green Lake		069 Waushara
025 Iowa		830 Katie Beckett
026 Iron		
027 Jackson		
028 Jefferson		
029 Juneau	Eligibility Supervisor:	Extension 3098
041 Monroe	Eligibility Team Lead:	Extension 3121
042 Oconto	Nursing Home Authorization	Extension 3103
043 Oneida	SLMB/QMB/Buy-In	Extension 3107
	EDS TPL/COB	Extension 3108
	Federal SSI	Extension 3485

Clients may contact the following individuals at EDS if they have questions regarding enrollment and recipient services.

MA Recipient/SeniorCare Participant Contacts

Medicaid Recipient/SeniorCare Participant Contact Telephone Numbers For recipient/participant use only	
HMO Enrollment Specialists	(800) 291-2002
Recipient Services (Voice/TTD)	(800) 362-3002 (608) 221-9254
Contract Monitor and Ombudsmen	(800) 760-0001
BadgerCare & MAPP Units	(888) 907-4455
CAPO (Note: The CAPO number is not limited to recipient/participant use only.)	(800) 657-2038

Medicaid Management Information System (MMIS) Eligibility and TPL Subsystems Input Sources
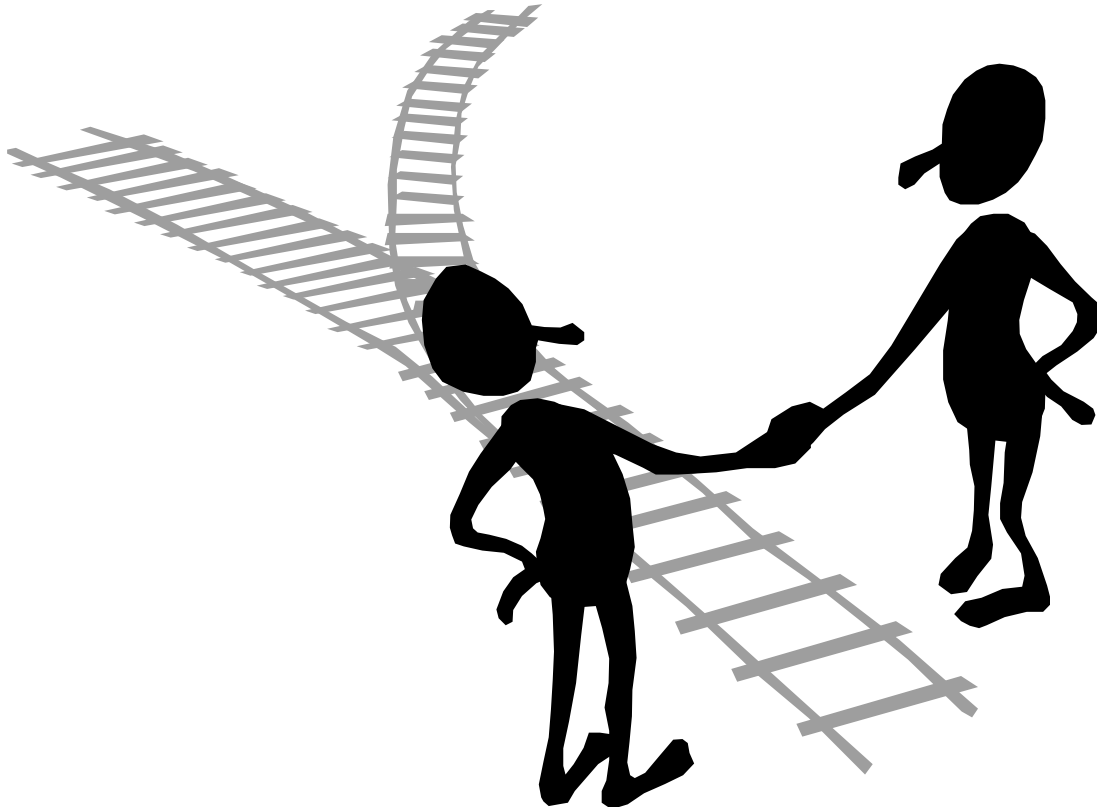
Goal
- Provide a brief overview of the MMIS Eligibility and Third Party Liability (TPL) subsystems input sources.

Objective
- This section will give the participant a basic understanding of the Eligibility and TPL subsystem update process.

Overview of MMIS

MMIS is maintained by the state-contracted fiscal agent, Electronic Data Systems (EDS). MMIS consists of 18 subsystems. Of these 18 subsystems, three subsystems that will be discussed: Eligibility, Provider and Third Party Liability (also known as Coordination of Benefits).

The primary focus of this material relates to the Recipient Eligibility Subsystem, which maintains current and historical data pertaining to recipient eligibility for every Wisconsin Medicaid recipient.

The Recipient Eligibility Subsystem is used to:

- Maintain individual Medicaid/BadgerCare eligibility information;

- Issue Forward cards;

- Issue SeniorCare identification cards;

- Process Medicaid/BadgerCare claims;

- Process Medicare/Medicaid crossover claims;

- Perform Third Party Liability (TPL) cost avoidance and post payment recovery;

- Produce Medicaid/BadgerCare management and administrative reporting;

- Produce Medicaid/BadgerCare Managed Care Program enrollment and reporting;

- Process Medicare Buy-In and associated reporting;

- Verify recipient eligibility for Prior Authorization;

- Maintain information about Nursing Home Level of Care, Recipient Liability, Spenddown, Hospice/Lockin, and Provider Lockin.

- Verify participant spenddown and deductible amounts for SC pharmacy claims.

Updating Medicaid Recipient Eligibility Files

The Recipient Eligibility Subsystem accepts input from multiple sources and performs editing on all information received to ensure the accuracy of all updated or changed data before applying it to the recipient eligibility master file. Once the recipient file has been updated, eligibility can be verified via the Recipient Online Screens (RE), Forward Card Electronic Verification System, Provider Automated Voice Response, Recipient Hotline, Provider Correspondence or Pharmacy Point of Sale verification.

Input Sources

MMIS recipient files can be manually updated using the following forms:

- Medicaid/BadgerCare Certification Form HCF 10110
- Third Party Liability Form HCF 10115
- Remaining Medicaid Deductible, EDS Update HCF 10109 - Split billing or Spenddown Form

EDS also receives Medicaid/BadgerCare recipient information from a variety of automated sources. There are four major automated input sources that provide recipient information to EDS. These sources are:

- **Supplemental Security Income/State Data Exchange (SSI/SDX).** Each week EDS receives Medicaid eligibility information from the Social Security Administration for recipients who are receiving supplemental security income in Wisconsin.
- **Centers for Medicare and Medicaid (CMS) Eligibility DataBase (EDB).** Each month EDS receives Medicare Part A and Part B eligibility information from CMS. The Medicare data is applied to the recipient files and is used to cost-avoid Medicaid/BadgerCare costs. If the recipient is eligible for Buy-In, the state pays for the Medicare premiums. EDS also applies dates of death to the recipient files from the EDB.
- **Insurance Disclosure Data Exchange**. 98% of the insurance carriers in Wisconsin provide EDS with their entire policyholder file of private insurance coverage each month. EDS matches the insurance carrier file against the MMIS to find new and updated insurance information. The insurance information is applied to the recipient files on MMIS. The MMIS/CARES interface will apply new or updated insurance information to the recipient's CARES case. This information coming from EDS to CARES is known as "verified TPL". Local certifying agencies can modify the policy end date for these plans by updating CARES, however they may not alter the policy number, start date and other identifying information on verified plans.
- **Wisconsin Statewide Automated Child Welfare Information System (WiSACWIS).** Each day EDS receives Medicaid eligibility information from Child Welfare for Foster Care and Subsidized Adoption recipients.

CARES/MMIS Interface

In addition to the manual and automated sources of data, the majority of the information is received from the CARES system via the CARES/MMIS interface.

- **CARES Individual Clearance Process:** Be certain to select the correct person when completing the clearance process in CARES. If the correct individual is not selected or if a new individual is incorrectly created all eligibility and case information related to the correct individual cannot be attached to his or her "new" PIN in MMIS. Selecting the wrong individual or creating a new individual creates edits because MMIS is unable to "match" the individuals already known to the system with the individual being sent over from CARES. As a result of this failure to match individuals, eligibility on MMIS may be delayed or not created.

- **CARES Case Confirmation:** When case confirmation occurs on CARES to open or change a Medicaid assistance group, one or more records are sent to EDS that evening through the CARES/MMIS interface. Every MMIS interface record is reviewed to ensure the required information is complete and accurate. If any of the information is missing or invalid, an error record (edit) will be created. If EDS Recipient Services staff is unable to resolve the problem, the edit will be sent to CARES for worker review. Edit resolution will be discussed later in this session.

- **MMIS File Clearance:** This is a process of comparing a CARES recipient record against the MMIS eligibility master file to determine whether a match already exists on MMIS. The process uses a combination of CARES PIN, Medicaid identification number, and recipient control information to determine whether the recipient already exists on the MMIS master file. If a demographic mismatch occurs, the record will be "failed" for review and resolution by EDS staff.

- **Weekly Reconciliation:** CARES sends Reconciliation records to MMIS weekly. These records are a combination of certain new records and a summarization of all daily records sent to MMIS for the past week. In addition, CARES sends records for all Medicaid eligibility that was confirmed in the past week that did not involve a change in Medicaid or BadgerCare on CARES. This process ensures that all appropriate CARES records are applied to MMIS. These records update MMIS weekly, usually on Friday evening.

- **Adverse Action (AKA "Cut-off"):** CARES sends adverse action records to EDS monthly. This transaction ends Medicaid or BadgerCare eligibility at the end of the current month and prevents eligibility from remaining on file into the next month.

Third Party Liability (TPL)

Adding Insurance Information

The MMIS provides Third Party Liability information to CARES on a daily basis. CARES updates the online AFMI, AFMC, and AFMA screens with the information from the MMIS. Although most TPL is added to the MMIS through insurance disclosure, updates also occur from changes made on AFMC and AFMI.

When a worker adds 'Complete TPL' insurance information to AFMC and AFMI, CARES sends the information to MMIS. For TPL information to be complete, the following information must be recorded:

- Policy Number
- Policy Begin Date
- Carrier Code
- Is the Owner an Absent Parent?
- If "99" is entered as a shortlist number for the owner, the policy owner's last name and first name must be entered.

If the worker is having trouble adding TPL information to MMIS, s/he should check the information on AFMC and AFMA. If s/he identified "OTH" in the carrier code field on AFMC, s/he need to locate and enter the valid carrier code. EDS does not process CARES TPL that contains "OTH" in the carrier code.

There are some types of insurance that require a "blank" carrier code on AFMC to prevent the policy from being sent to the MMIS. Refer to Operations Memo 01-40 titled "MA – Entry of Health Insurance Information in CARES".

Changing Verified Insurance Information

When a worker deletes or changes AFMC or AFMI on a 'Complete TPL' insurance policy, CARES automatically sends the same information (delete or change) to the MMIS. If TPL is not verified on the MMIS, all CARES changes and deletes to the policy are applied to the MMIS.

Once TPL has been verified on the MMIS (either manually or by insurance disclosure), the MMIS protects the TPL segment from certain changes and from being deleted. If the policy has been verified on MMIS (X or M), the worker is restricted from making the following changes to that insurance coverage data:

- Carrier Code
- Policy number
- Coverage flags
- Policy start date'
- AFMC or AFMI may not be deleted.

If any of the above information requires correction, the worker must contact the EDS COB analyst. If any of the above changes are attempted, the MMIS will pend for EDS manual verification.

Workers can determine whether the MMIS will automatically apply a CARES TPL update (delete or change) based on the AFMI screen in CARES. AFMI has a verification field (VR) that indicates the MMIS verification status of the TPL. The VR field values are listed in the table below.

VR (AFMI)	Definition	Worker Action
X	MMIS verified through carrier exchange	Check the RT screen on EDSNET. If the TPL does not appear on the RT screen in EDSNET, the worker may delete or change the individual's coverage information on screen AFMI. In addition, if the policy end date is more than 13 months in the past, AFMI may be deleted. If all AFMI for a specific policy have been deleted, it is necessary to delete AFMC.
M	MMIS manually verified	
A	Assumed	
Blank	Not verified	If the TPL appears on the RT screen in EDSNET, apply all appropriate changes that are supported by verification (e.g.: policy ended due to employment end). If the VR on AFMI is 'M' or 'X', do not delete AFMI or AFMC. Also do not change the policy start date.

If the worker has verification that the insurance ended, apply the end date to AFMC (all individuals in the policy) or to AFMI (one or more individuals insurance ended). This action will update the MMIS policy end date on "RT".

If TPL is not updated on the "RT" screen within five working dates of when the information was sent, call the EDS COB Analyst at (608) 221-4746, extension 3108.

MMIS On-Line Screens
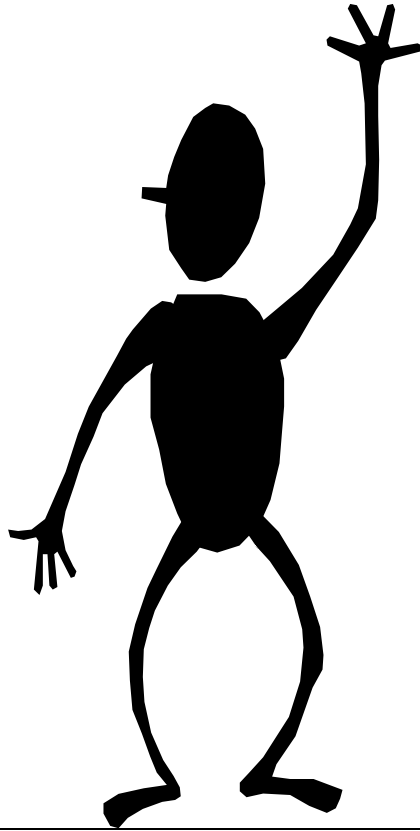
Goals
- To provide the participants with information that will enable them to access and navigate through the MMIS Online screens.
- To identify and explain the information displayed on the screens.

Objectives
This section will provide participants with an understanding of:
- How to access the MMIS Online screen.
- How to navigate through the MMIS Online screens.
- How to identify and utilize recipient, provider, and TPL information which is pertinent to the participant's job function.
- How to utilize the MMIS Online screens to resolve recipient, provider, and TPL problems.

Introduction

This section contains the logon/logoff process for Medicaid Management Information System (MMIS) on-line screens. A sample of each screen with an explanation of the fields is also included. The screens that are accessible to you are BD, MI, RB, RC, RE, RL, RM, RN, RT, RU, P1, PM, SD and SS. These screens display information about recipients, and providers.

BD: BadgerCare/MAPP Premium information search by primary person's ID number.

MI: Card management database search by recipient ID number.

RB: Recipient Base information search by recipient ID number.

RC: Recipient Claim information search by recipient ID number.

RE: Recipient Eligibility information search by recipient ID number.

RL: Recipient Liability information search by recipient ID number.

RM: Medicare information search by recipient ID number.

RN: Recipient ID information search by name.

RT: TPL information search by recipient ID number.

RU: Nursing Home Authorization, Spenddown, Lock-in, and Hospice information search by recipient ID number.

PM: Provider information (number) search by provider name.

P1:   Provider information (name) search by provider number.

SD: SeniorCare ICN information search by participant ID number. (Accessed only through the SS screen.)

SS: SeniorCare Enrollment Spenddown/Deductible information search by participant ID number.

During this course we will be viewing screens within the MMIS system containing data relative to recipients and providers. We will focus, primarily, on those fields most pertinent to the needs of the worker. For complete information on each screen, see the on-line MMIS Overview Handbook at
http://dhfs.wisconsin.gov/em/pdf/MMISoverview1104.pdf

Screen Navigation

From any screen in this subsystem, other than RN, workers may navigate simply by changing the System Action code to the desired screen and pressing enter.

To access the same screen for a different individual, enter the individual's SSN in the SSN field and press enter.

To navigate to a different screen in this subsystem for a different individual, both the System Action and SSN may be changed. Then press enter.

Logon Procedures

Note: In order for EDS screens to display appropriately, the CARES session should be set with the text display font set to 43 x 80. See ops memo 02-51 for set-up instructions.

1. At the WSRCC screen (Example Screen #1), in the ENTER SELECTION HERE field, type EDSNET and press [enter].

Example Screen #1

```
01/28/99  12:39:33    SELECTION SCREEN (USSMSG10)        VTAM: L0CXU66A


              CBT1

              CICSBP        CICSDP        CICSDP24
              CICSFP3       CICSFP4       CICSHP        CICSP330

              EOSP          FH
              IBM           IMAGE         IMSBP         IMSFP

              MENUMGR                     REFRESH       TSO
              WISMART

THIS SYSTEM IS FOR AUTHORIZED USERS ONLY; SYSTEM ACCESS IS MONITORED.   BY USING
THIS SYSTEM YOU EXPRESSLY CONSENT TO THIS MONITORING.   EVIDENCE OF UNAUTHORIZED
ACCESS WILL BE PROVIDED TO THE APPROPRIATE LAW ENFORCEMENT AGENCIES.

ENTER SELECTION HERE: EDSNET
```

---

2. When the EDSNET screen (Example Screen #2) displays enter your logon ID and password.

    LOGON ID: Enter your six-character logon ID, then space bar twice or use the tab key to reach the password field. Do not press [enter].

    PASSWORD: Enter your password and press [enter]. Your password must be 8 total digits. It must contain 1 number with a maximum of 3 numbers. It can't have more than 2 of any 1 character.

Example Screen #2

```
     EEEEEEEEE DDDDDDDD  SSSSSSSSS  NNN     NNN  EEEEEEEEE  TTTTTTTTTTTTT
     EEEEEEEEE DDDDDDDDD SSSSSSSSS  NNNN    NNN  EEEEEEEEE  TTTTTTTTTTTTTT
     EEE       DDD   DDD SSS        NNNNN   NNN  EEE            TTT
     EEEEEEEEE DDD   DDD SSSSSSSSS  NNN NN  NNN  EEEEEEEEE      TTT
     EEEEEEEEE DDD   DDD SSSSSSSSS  NNN  NN NNN  EEEEEEEEE      TTT
     EEE       DDD   DDD      SSS   NNN   NNNNN  EEE            TTT
     EEEEEEEEE DDDDDDDDD SSSSSSSSS  NNN    NNNN  EEEEEEEEE      TTT
EEEEEEEEE DDDDDDDD  SSSSSSSSS  NNN     NNN  EEEEEEEEE      TTT


          ELECTRONIC DATA SYSTEMS CORPORATION      DALLAS, TEXAS
Use of the network is restricted to authorized users. User activity is moni-
tored and recorded by system personnel. Anyone using the Network expressly
consents to such monitoring and recording. BE ADVISED: if possible criminal
activity is detected, system records, along with certain personal information,
may be provided to law enforcement officials.
****************************************************************************
*    LOGON-ID:               NETWORK-ID: DAYTON1    DATE:    01/11/99     *
*    PASSWORD:               HOST:       DYGNN1A    TIME:    15:42:48     *
*    NEW PASSWORD:           TERMINAL-ID: TDYAAGS9  SECURITY 972-605-3720 *
*                            CDRM:       MDY001     HELP:    937-455-1650 *
****************************************************************************
ENTER OPTIONAL INITIAL SELECTION BELOW, PF1 FOR HELP, OR 'LOGOFF'.
SELECTION=>
```

---

3. The application selection screen (Example Screen #3) will display. Enter the number that corresponds with the "CICS PROD ----- E5" Application/Description. It should always be "1" in the selection field and press [enter].

Example Screen #3

```
 TERM:    TDYAAGS9  DATE: 01/11/99  HELP: 937-455-1650    NETWORK-ID: DAYTON1
LOGMODE: D4C32784  TIME: 16:30:43  SEC:  972-605-3720    HOST:      DYGNN1A
NO..MNEMONIC..SITE.....APPLICATION/DESCRIPTION.........HOURS....................
01 EECE5     PLIPC3G  CICS PROD ---- E5                0600/1800


**************************   SELECTION SCREEN   ***************************
PLEASE ENTER SELECTION BELOW, PF1 FOR HELP OR PF3 TO LOGOFF        PAGE=ONLY

SELECTION=> 1
```

---

4. When the Welcome Screen displays (Example Screen #4) type WIOL over the word WELCOME at the top left of the screen and press [enter].

Example Screen #4

```
WIOLOME TO CICS 4.1.0 DRC2 - OLSCIPE5


         E A E C I C E 5   MVS/ESA       SP5.2.2  M9021   C I C S  4.1.0
         NETNAME: TDYAAGS9 TERMINAL: #B2J   DATE: 01/11/99   TIME: 15:34:02


             CCCCCCCCCC  PPPPPPPPPPP   EEEEEEEEEEEE 555555555555
            CCCCCCCCCCCC PPPPPPPPPPPP  EEEEEEEEEEEE 555555555555
          CC        CC PP        PP EE            55
         CC           PP        PP EE            55
        CC            PP        PP EE            55
       CC             PPPPPPPPPPPP EEEEEEEE      555555555
      CC              PPPPPPPPPP  EEEEEEEE       5555555555
     CC          PP             EE                      55
    CC           PP             EE                      55
   CC       CC  PP             EE                       55
  CCCCCCCCCCCCC PP              EEEEEEEEEEEE 555555555555
  CCCCCCCCCC    PP              EEEEEEEEEEEE 55555555555


 KEY IN TRANSACTION CODE AND PRESS ENTER


 DFH3504I SIGN ON COMPLETE
```

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5. The Wisconsin Online Menu will display (Example Screen #5). Enter data on the following fields: Sys Action, Clerk, Update files, and Key. Do not press [enter] until all four fields have been completed.

> SYS ACTION: Enter the screen type code BD, MI, RB, RC, RE, RL, RM, RN, RT, RU, P1, PM, or SS.

> CLERK: Enter your four-digit clerk code (this will be assigned to you with your logon ID). This will probably be CNTY.

> UPDATE FILES: Enter "N".

> KEY: Press the space bar and then enter to bring up the desired screen or enter the reference number (e.g., provider number or recipient Medical Assistance number) necessary for the particular screen you want to view. For example, in order to view the recipient eligibility information found on the RE screen, enter the recipient's ID number and press enter.

```
Example Screen #5

WISCONSIN ON-LINE PROCESSING MENU

 SYS ACTION    MSG
 CLERK                                     UPDATE FILES?   (Y/N)
 KEY                    SUBKEY                ICN(AD)
   WELCOME TO WISCONSIN'S ON-LINE PROCESSING FUNCTIONS.  TO ACCESS THE
   SCREEN YOU WANT TO USE, KEY THE REQUESTED INFORMATION IN THE ABOVE
   FIELDS AND HIT THE 'ENTER' KEY.  TO PAGE THROUGH THE MENU OF AVAILABLE
   SYSTEM ACTIONS, HIT PFK4 TO PAGE FORWARD AND PFK5 TO PAGE BACK.

 SYS ACTION   RESULTING SCREEN        SYS ACTION   RESULTING SCREEN
 ------------------------------------------------------------------
    AD    ADJUSTMENTS                 AI    ICN ADJUSTMENT MASTER
    AP    A/C RECEIVABLE - PROVIDER   AR    A/C RECEIVABLE - INQUIRY
    A0    AMR DATA ELEMENTS REQUEST   A1    AMR CALCULATED RESULTS
    A2    AMR REPORT DEFINITION       A3    AMR LIMIT REQUESTS
    A4    AMR ELEMENT DESCRIPTION     A5    AMR REFERENCE REQUEST
    A6    AMR REFERENCE LIMIT         BP    BANK RECON BY PROVIDER
    BR    BANK RECON - INQUIRY        CA    AGED INVENTORY - CLM TYPE
    CG    AGED INVENTORY              CL    LOCATION
    CM    SUMM REPORTS-RCPTS & PROD   CP    CASH RECEIPTS BY PROVIDER
    CR    CASH RECEIPTS - INQUIRY     CS    INVENTORY SUMM BY SECTION

    DATE: 011199        JULIAN DATE: 99011        TIME: 16:22:29
```

Logoff Procedures

1. From any screen press the PF1 key.

2. "Wisconsin" appears on this screen. Enter LOGOFF over WIOL at the top, left of the screen.

3. The selection screen then appears. Enter LOGOFF again.

4. At this point you will be back to the WSRCC screen.

PF Keys

PF1   Used from any screen in order to log off of the Wisconsin Medicaid Management Information System (MMIS). *Note: The system action code is a two-character code used to uniquely identify each screen* (function is similar to CARES PF10 key).

PF2   Used from any screen in order to return to the main menu screen of MMIS (function is similar to CARES PF4 key).

PF3   Used from any screen in order to access the MMIS help screen. To get out of the help screen, enter the system action code of the screen that you want to go to next (function is similar to CARES PF1 key).

PF4   Used to page forward, through data, when the data available for a screen exceeds the amount of data that can be displayed on one screen (function is similar to CARES PF8 key). This PF key can be used on the following screens:

   PM, RC, RE, RL RM, RN, RT, TM, MI

PF5   Used to page backward through data when the data available for a screen exceeds the amount of data that can be displayed on one screen (function is similar to CARES PF7 key). This PF key can be used on the following screens:

   PM, RC, RE, RL, RM, RN, RT, TM, MI

PF7   Used when selecting specific data on an online screen for more in-depth inquiry. This PF key can be used on the following screens:

   PM, RC, RN, RT

> **Example:** The PF7 key can be used when doing a search by name on the Mnemonic Inquiry screen (RN). When you find a recipient that you would like to obtain further information about, you change the system action code to RE, move the cursor down to that recipient's line of information and press PF7. This will bring you to the RE screen with that individual's information displayed.

PF8   Used to return user to previously selected screen. (Function is similar to CARES PF3 key.)

PF9   Used to scroll forward through a case.

> **Example:**   The PF9 key can be used to scroll through all recipients on MMIS with the same case number. For instance, you were looking at a mother's file on RE and she is the case head with two children. You hit PF9 and bring up her child. You hit PF9 again and bring up her other child. You hit PF9 again and return to the mother's file.

Esc   Used to reset the system when "X?+" appears in the lower left corner of screen.
End   Used to erase line of data from cursor position to the end of the line.

Recipient Information

RB: Recipient Base information search by recipient ID number.

RC: Recipient Claim information search by recipient ID number.

RE: Recipient Eligibility information search by recipient ID number.

RL: Recipient Liability information search by recipient ID number.

RM: Medicare information search by recipient ID number.

RN: Recipient ID information search by name.

RT: TPL information search by recipient ID number.

RU: Nursing Home Authorization, Spenddown, Lock-in, and Hospice information search by recipient ID number.

Individual CLIENT Information

The EDSNET Query Recipient Screens contain common demographic fields displayed in the header section of each screen. Below is an example of the screen followed by an explanation of each field and the information related to each one.

```
1     SYS ACTION   MSG ALL DATA HAS BEEN DISPLAYED
2     CLIENT ID 1231776330

3    PIC 1231776330                    NAME NANCY      E NUYEN    3 -SEGMENTS--
4   XREF 8711111111                  ADRS#1 APARTMENT 103                  ELG 03
5   XNAM NANCY      E SMILE          ADRS#2 1234 W CLYBOURN                TPL 04
6    HIC 1231776330A                CITY/ST MILWAUKEE        WI           AUTH 00
7    DOB 03171991  SEX 2            ZIP CODE 53208                         MED 00
8   CASE 1230863780                REP-PAYEE TINA          NUYEN          LIAB 00



9                                             DATE: 112498  TIME: 11:05:02
```

LINE 1:   **SYS ACTION** = System Action Code. A two-character code used to uniquely identify each screen.

   MSG = Messages. These are online system edits and messages that describe input errors, inform the user of completed transactions, or provide further information or instructions.

LINE 2:   **CLIENT ID** = Search by the 10-digit recipient identification number (MA ID=SSN plus a tiebreaker (usually 0) or pseudo number. Pseudo numbers have an "8" as the first digit. Pseudo numbers beginning with "871" and "872" are assigned by EDS. All other "8" numbers are assigned by certifying agencies. This field will already contain a recipient ID if you accessed the RE screen directly from the RB, RC, RL, RM, RT or RU screens. **Overtype the recipient ID displayed if you wish to research a different recipient ID.**

   A client ID can have one or more cross-reference numbers that were previously entered into the system (most often a temporary ID number before a permanent number is established). Only one x-reference number will display. However, if the individual has had numerous ID number changes, other x-reference numbers will be hidden on their file, but not displayed. The individual's file can be assessed by keying the PIC number, the x-reference number displayed, or by keying any hidden x-reference numbers. The current ID will appear in the PIC field in all situations.

LINE 3:   **PIC** = Personal Identification Code. PIC is the recipient's current ID. The PIC will be the same as the client ID, unless a cross-reference (previous) ID number was entered in the client ID field.

NAME = Recipient's Name (first name, middle initial and then last name).

SEGMENTS = The number of segments (lines of information) on the screen that corresponds to each subject listed in the "SEGMENTS" column. The numeric value in front of the word "SEGMENTS" indicates the most recent certification type used to update the recipient's file. Valid values are 1= initial; 3= amendment; 4= cancel; 5= ID number change.

> Example: ELG 03 = 3 segments on the RE screen.

LINE 4:   **XREF** = Cross-reference recipient ID. This is the last recipient ID assigned to a recipient. Cross-reference, or previous, IDs may be seen in either a 10-digit or a 14-digit alphanumeric format (the 14-digit number format is no longer used).

ADRS#1 = This line contains in-care-of information and can be used for the rep-payee name. It is also used if the ADRS#2 field is not large enough for the complete street address.

ELG = Eligibility. Number of eligibility segments found on the RE screen.

LINE 5:   **XNAM** = Cross-reference Name. If the recipient has had a name change, the previous name will be displayed.

ADRS#2 = Address #2. This is the street address where the Forward card is sent. If the address is too large for this line, ADRS#1 field will also be used.

TPL = Third Party Liability. Displays the number of TPL segments found on the RT screen.

LINE 6:   **HIC** = The health insurance claim number is the recipient's number used to claim Medicare benefits for that recipient.

> Example: 123456789A or WA123456789

CITY/ST = City and State.

AUTH = Authorizations. This is the number of Spenddown, Lock-in or Nursing Home authorizations found on the RU screen.

LINE 7:   **DOB** = Recipient's Date of Birth. MMDDCCYY

        SEX = Gender of the individual, a "1" represents a male, a "2" represents a female, a "9" means it is unknown

        ZIP CODE = Numeric Zip Code.

        MED = Medicare. Displays the number of Medicare segments found on the RM screen.

LINE 8:   **CASE** = MMIS Case or Rep-Payee Number. The MMIS case number is the recipient ID number of the primary person applying for Medicaid/BadgerCare benefits for the recipient. This number can be the same as the recipient's PIC number. Recipients in the same case will have a common MMIS case number but unique recipient PIC numbers. ***Note: This is not the CARES case number.***

        REP-PAYEE = Representative Payee. Rep-payee is also known as the MMIS case head or primary person.

        LIAB = Liability-Institutional. This displays the number of liability segments found on the RL screen.

LINE 9:   **DATE** = Date you are accessing the MMIS system.

        TIME = Time of your last action in the MMIS system.

Recipient Base Segment Screen (RB)

The RB (Recipient Base) screen contains general recipient information as well as personal information such as race, phone number, and date of birth.

```
WISCONSIN RECIPIENT    BASE      SEGMENT(S)

 SYS ACTION RB MSG ALL DATA HAS BEEN DISPLAYED
 CLIENT ID 1231776330

  PIC 1231776330              NAME NANCY     E NGUYEN        3 -SEGMENTS--
 XREF 8711111111             ADRS#1 APARTMENT 103                 ELG 02
 XNAM NANCY    E SMILE       ADRS#2 1234 W CLYBOURN              TPL 04
  HIC 1231776330A            CITY/ST MILWAUKEE       WI        AUTH 00
  DOB 03171998  SEX 2        ZIP CODE 53208                     MED 00
 CASE 1230863780             REP-PAYEE TINA        NGUYEN       LIAB 00


    1      2  3       4     5   6        7        8        9       10       11
TELEPHONE  R DOB      DOD   SR SCREEN   NM-CHNG   A-UPDT   B-UPDT  BUY-EL   BUYIN
4140007610 3 03171998 000000 B 052898   000000   000000   000000  000000   B 1098

    12     13     14    15                    16           17          18  19
L-CERT L-CHNG ID-ST   SI                  MC-STATUS  MC-PROVIDER-BEGIN   LKDT AI
112098 112098 060198                        000000      00000000        1198 C

20   21      22          23
CC   WRKR    PIN        C-CASE
040  XMI749  4518656318 4106222141

DATE: 113098 TIME: 14:53:41
```

FIELD 1:   **TELEPHONE** = Displays the case head's telephone number.

FIELD 2:   **R** = The race of the recipient is displayed in this field (this is an optional field).

> 1 = White
> 2 = Black
> 3 = American Indian or Alaska Native
> 4 = Asian
> 5 = Hispanic or Latino (no race information available)
> 6 = Native Hawaiian or other Pacific Islander
> 7 = Hispanic or Latino and one or more races
> 8 = More than one race (Hispanic or Latino not indicated)
> 9 = Unknown

FIELD 3:   **DOB** = The recipient's date of birth is displayed in this field, including century.

FIELD 4:   **DOD** = The recipient's date of death is displayed in this field.

FIELD 7:   **NM-CHNG** = Displays the date a name change was applied to the file. MMDDYY

FIELD 11:   **BUYIN** = This field displays the Buy-In action flag and the effective date of the Buy-In action. CARES and manual transactions update the Buy-In action flag and date. Date is in MMYY format.

> A = QMB
> B = SLMB
> U = SLMB+
> T = ALMB (discontinued 1202).
> X = Stop Buy-In.

FIELD 16:   **MC-STATUS** = The code displayed in this field is the HMO enrollment status. It is either an alpha or numeric code and date.

> A = Enrollment Packet for voluntary area
> B = Reminder Card for voluntary area
> 1 = Enrollment Packet for mandatory area
> 2 = Reminder Card for mandatory area
> 3 = Attempted to Auto Assign no HMO available
> 4 = Auto Assignment for mandatory area where HMO is
>   available

> The date displayed is the effective date of the Managed Care Enrollment status. MMDDYY

FIELD 18:   **LKDT** = This is the HMO lockin date. After the lockin date the recipient may change his or her state-contracted HMO. MMYY

Example:

The recipient did not choose an HMO and therefore was automatically enrolled into an HMO. The lockin date is set twelve months from the date of HMO enrollment. The recipient can choose to change HMOs within the first three months of enrollment. If the recipient does not change into a different HMO, the lockin date will expire at the end of the twelve months.

If the recipient does change HMOs, the lockin date will be reset to twelve months from the new enrollment date.

FIELD 19:   **AI** = Assignment indicator. The method of assignment of a recipient to a state-contracted HMO is displayed on this field. The codes are:

> A = auto-assigned by the EDS system
> C = choice, entered manually
> R = reassigned by the EDS system

FIELD 20:   **CC** = Certifying Agency Code. Three-digit numeric code designating the most current certifying agency on the RE screen. Refer to Addendum I for a complete listing of county codes.

FIELD 21:   **WRKR** = This field displays the ID number of the certifying agency caseworker. This number comes from CARES or from manual data entered into MMIS.

FIELD 22:   **PIN** = This is the Recipient's CARES Personal Identification Number. This number is not the same as the MMIS recipient ID.

FIELD 23:   **C-CASE** = This is the CARES Case Number. All members within the same case have the same CARES case number. This number is not the same as the MMIS Rep-Payee case number.

Recipient Claims Screen (RC)

The RC screen provides information on the status of claims. Use the recipient's
identification number to access the information.

```
 DATE: 121098         WISCONSIN RECIPIENT CLAIMS INQUIRY       TIME: 11:34:31


                                                             1
 SYS ACTION RC MSG MORE CLAIMS FOR KEY  PRESS PF4 TO CONTINUE       PAGE 01
  2                                        3
 MA# 3400008920                          NAME JOHNSTON      KENYA
               4            5          6         7            8
 SELECT OPTIONS:  PROV BASE      SUF     SUSP/PAID  FDOS        TDOS
                9            10             11       12
             RA-DATE       B-AMT          CT    REG/ICN
               13           14           15
             TYPE          LOC        REQUESTOR


  16    17      18              19     20       21       22  23      24       25
                                                         COPAY   PAID    RA-DTE
   NO  PROV #   ICN             FDOS   TDOS    BILLED    S LC DY  L LC DY   TDP
    1 32700900 209892200201470 082492 082492     4850 C     00     2302 092592
    2 33140400 101397100111720 052897 052897     5108 C     00     4373 053097
    3 32730000 201197100009920 052897 052897    14800 C     00     4531 061597
    4 11010700 231397100028720 052897 052897     5700 D     00       00 062297
    5 33210200 101397100060740 053097 053097     8189 C     00     8039 060897
    6 32830100 209897100112400 053097 053097    14090 C     00     2786 072097
    7 32830100 209897200093370 062397 062397     4650 C     00     1960 080397
    8 32970400 201398000014160 102997 102997     3750 D     00       00 011198
    9 60000900 609398000480830 020198 022898    12274 C     00    12274 012598
   10 60000800 609398000406190 030198 033198    12286 C     00    12286 022298
   11 60000800 609398100425320 060198 063098    12286 C     00    12286 052498
   12 60000800 609398100421830 070198 073198    12286 C     00    12286 062198
   13 60000800 609398200422920 080198 083198    12286 C     00    12286 072698
   14 60000800 609398200421380 090198 093098    12286 C     00    12286 082398
        26
 CLAIMS SHOWN    14
```

FIELD 2:   **MA#** = This is the Identification Number of the individual whose claim
information is displayed on this screen.

FIELD 3:   **NAME** = Recipient Name. After entering the recipient's identification
number, the name of the recipient is automatically displayed in this field.

SELECT OPTIONS: Fields 4-12 can be used to limit your search. A combination of any
of the select options can be used to obtain claims information related to this individual.

FIELD 17:   **PROV #** = Provider's Medicaid Number. This is the provider's eight-digit
Medicaid identification number.

FIELD 19:   **FDOS** = FROM Date of Service. This is the FROM date of service in
MMDDYY format.

FIELD 20:   **TDOS** = TO Date of Service. This is the TO date of service in MMDDYY
format.

> **Example:**
> Medical services are provided from <u>05/28</u> to <u>05/31</u>
> Services were provided on 05/28, 05/29, 05/30, and 05/31/97

FIELD 21: **BILLED** = This is the dollar amount the provider has billed for the claim.

FIELD 22: **S** = Status. This is the status of the claim. The status codes are:
  B = Claim is pending
  C = Claim is paid
  D = Claim is denied
  M = Claim is denied
  V = Cash pay-out has occurred
  W = Claim is adjusted

FIELD 23: **COPAY LC DY** = Co-payment. If the claim is paid, the co-payment amount is shown in this field. If the claim is pending, ignore information in this field. This is the amount the recipient is expected to pay the provider for that date of service.

FIELD 24: **PAID L LC DY** = If the claim is finalized, the total amount paid is shown in this field. If the claim is pending, ignore information in this field.

FIELD 26: **CLAIMS SHOWN** = This is the number of claims displayed on this screen.

Recipient Eligibility Screen (RE)

The Recipient Eligibility (RE) Screen is the MMIS screen most often used by eligibility workers.

This screen contains data specifically related to Medicaid/BadgerCare certification (eligibility). Basic information such as dates of eligibility, medical status code, MCP (Managed Care Program) membership, agency/county code, and third party liability (TPL) indicators are found on this screen. Note that each line in the body of the RE screen represents the recipient's eligibility status for only that specified range of dates.

```
                    WISCONSIN RECIPIENT  ELIGIBILITY   SEGMENT(S)
 SYS ACTION RE MSG ALL DATA HAS BEEN DISPLAYED
CLIENT ID 1231776330

  PIC 1231776330                    NAME NANCY      E NGUYEN        3 SEGMENTS--
 XREF 8711111111                   ADRS#1 APARTMENT 103                  ELG 03
 XNAM NANCY      E SMILE           ADRS#2 3025 W CLYBOURN               TPL 04
  HIC 1231776330A                 CITY/ST MILWAUKEE          WI         AUTH 00
  DOB 03171998  SEX 2             ZIP CODE 53208                        MED 00
 CASE 1230863780                REP-PAYEE TINA         NGUYEN           LIAB 00


1    2   3 4 5      6        7  8   9      10     11    12     13      14         15
CC   AGC ADB MC PROVIDER MS-M E-BEG  E-END   REA L-CHNG ADD-DT COST-AVOID  ST
040  05   53A 13 69000930 CC 1 060198 123198   00 112098 112098 WPS         00
040  05   53A 13 69000930 CC 1 060198 123198   FF 112098 072098 WPS         12
040  05   53A           31 1 031798 053198   00 111998 043098 WPS         00


   16                17
ID-ISS  120198     ID-END 123198                   DATE: 113098  TIME: 09:42:23
```

FIELD 1:   **CC** = Certifying Agency code. The code represents the agency or county certifying eligibility for this individual. Refer to the appendix of this document for a complete listing of agencies.

FIELD 2:   **AGC** = W-2 certifying agency assigned code. The W-2 code is associated to the Certifying Code (CC). Refer to the appendix of this document for a complete listing of W-2 privately contracted offices. "00" correlates to the Human Services Department in each county, as opposed to the privately contracted W-2 Agency.

FIELD 5:   **MC** = Managed Care Program. This is the numeric code used to indicate the managed care program in which the individual is enrolled. Refer to the appendix of this document for a list of current MCP and MCP exemption codes. The MCP exemption codes prevent an individual from being enrolled in an HMO.

FIELD 6:   **PROVIDER** = Assigned MCP Provider Number. This is the MCP Provider who is responsible for either treating or referring the assigned recipients.

FIELD 7:   **MS** = Medical Status Code. Refer to the appendix of this document for a list of Medical Status Codes. This alphanumeric code indicates the category of Medicaid/BadgerCare the individual has been determined eligible to receive.

FIELD 8:   **M** = Title XVIII (Medicare) code. This numeric (1-7) code indicates the individual's Medicare eligibility status.

> 1 = Has no Medicare Coverage
> 2 = Has Medicare Part A Coverage Only
> 3 = Has Medicare Parts A and B Coverage
> 4 = Has Medicare Part B Coverage Only
> 5 = Has Medicare Part A, eligible for Part B and Part D
> 6 = Has Medicare Part, A, B and D
> 7 = Has Medicare Part B and Part D

FIELD 9:   **E-BEG** = Effective begin date of eligibility (from date). The first date the individual is eligible for a specific category of Medicaid/BadgerCare. MMDDYY

FIELD 10:   **E-END** = End date of eligibility (thru date). The last date the individual is eligible for that category of Medicaid/BadgerCare. MMDDYY

FIELD 11:   **REA** = Reason code. The system generates these codes according to update information that is being applied to the segment. The values and meanings of eligibility transaction-prompted reason codes are:

> 00 = segment open
> 08 = card validity segment/county/CARES generated cancel
> FF = Audit trail for updated information which is purged on
>   the weekly cycle.

FIELD 14:   **COST-AVOID** = Cost avoidance codes. Three fields used for third party liability avoidance editing. The first cost avoidance code is for non-dental carriers. The second field is for dental plans only. The third field is for Medicare Managed Care. The cost avoidance codes are placed on the Eligibility segments by corresponding TPL segments.

Recipient Liability Screen (RL)

This screen contains information regarding the amount of the recipient's institutional liability.

```
                WISCONSIN RECIPIENT   LIABILITY   SEGMENT(S)

SYS ACTION RL MSG ALL DATA HAS BEEN DISPLAYED
CLIENT ID 1200009180

 PIC 1200009180                  NAME JERRY     W BYRD          3 -SEGMENTS--
XREF 9200009180              ADRS#1 OLD HILL HCC                    ELG 02
XNAM TONY     W BYRD         ADRS#2 1475 BIRCH HILL LN              TPL 02
 HIC 120000918A              CITY/ST GREEN BAY         WI      AUTH 02
 DOB 03211923  SEX 1         ZIP CODE 54166                     MED 01
CASE 1200009180              REP-PAYEE JERRY      W BYRD         LIAB 03


            1        2        3        4         5          6
            NO    START-DT  END-DT   ADD-DT    LIA-AMT    L-CHNG
            13    040198    093099   050998    1050.00    103098
            02    032698    033198   050998     900.02    050998
            02    090197    013198   120997       0.00    112597




                                   DATE: 113098       TIME: 13:35:23
```

FIELD 2:   **START-DT** = Start date of liability amount. The first date on which this amount of liability begins. MMDDYY

FIELD 3:   **END-DT** = End date of liability amount. The last date for this amount of liability. MMDDYY

FIELD 5:   **LIA-AMT** = The amount of recipient's liability that must be paid by him or her towards his or her monthly institutional care.

> **Example**: 1000.00

Recipient Medicare Segment Screen (RM)

The Recipient Medicare screen contains information supplied by the CMS Buy-In response file of Medicare Premium Assistance billing, rejection and informational records. MMIS updates this screen around the 8th of the month. The client's most recent Medicare Premium Assistance (Buy-In) activity appears on this screen and historical activity is routinely purged by the MMIS. CARES processing and corrective action information for workers can be found in the Medicare Premium Assistance (Buy-In) Process Desk Aid at
http://www.dwd.state.wi.us/dwspts/deskaids/MA_Buyin_DeskAid_062503.pdf

```
                    WISCONSIN RECIPIENT   MEDICARE    SEGMENT(S)

 SYS ACTION RM MSG PRESS PF4 TO PAGE FORWARD
 CLIENT ID 3500001630

 PIC 3500001630                  NAME TINA     M CLAY          3 -SEGMENTS-
 XREF P0350000163A01             ADRS#1 BLOOMFIELD MANOR            ELG 05
 XNAM                            ADRS#2 3151 COUNTY ROAD A          TPL 01
 HIC 350000163A                  CITY/ST SHAWANO          WI       AUTH 01
 DOB 12121911  SEX 2             ZIP CODE 53533                    MED 10
 CASE 3500001630                 REP-PAYEE TINA     M CLAY         LIAB 03


     1  2        3        4          5        6       7  8  9       10
     I  ADD DT   TXN      HIC        START    STOP    S  E  EDIT    AMOUNT
     B  100804   4100     350000163A 110104   113004     A            78.20
     A  100804   4100     350000163A 110104   113004                 343.00
     B  092004   1161     350000193A 080104   103104     A           156.40
     A  092004   1161     350000193A 080104   103104                1029.00
     B  081604   1751     350000163A 073104   000000     E            78.20
     B  071504   4100     350000163A 080104   083104     E  MO        78.20
     B  061504   4100     350000163A 070104   073104     E  MN        78.20
     B  051704   4100     350000163A 060104   063004     E            78.20
     B  041504   1190     350000163A 050104   053104     E            78.20

                                  DATE: 101104   TIME: 12:26:11
```

FIELD 1:   **I** = Medicare Indicator. A = Part A Buy-In, B = Part B Buy-In.

FIELD 2:   **ADD DT** = The process month, day and year that MMIS added the CMS Buy-In response in MMDDYY format.

FIELD 3:   **TXN** = Transaction Code that describes the CMS billing, rejection and informational responses for the recipient's Buy-In activity. The HIC, Start and Stop fields further explain the transaction codes.

These are the most common TXN codes. A complete list of TXN codes can be found in the State Buy-In Manual.

1100-1199	New Buy-In start
1400	Buy-In stop
1500	Buy-In stop due to no longer Medicare eligible or, now has free Part A coverage

       1600   Buy-In stop due to death date on CMS files
1700-1759   Buy-In stop
2000-2199   CMS rejected the request to start or stop Buy-In
2300-2399   CMS records indicate a HIC number change
2400-2599   CMS rejected the request to start or stop Buy-In
3061-3284   CMS adjusted the requested Buy-In start date.
       4100   On going Buy-In
       9100   On going Buy-In, SSI responsibility (obsolete 09/15/03)

FIELD 4:   **HIC** = The Health Insurance Claim number from CMS. This is also referred to as the Medicare Claim Number. When the TXN is 2000 – 2599, the HIC shown may be an incorrect or previous Medicare Claim Number for this recipient.

FIELD 5:   **START** = When the TXN is 1100-1184 and 4100, this is the first day included in the Buy-In period. When the TXN is 1700-1759, this is the last day included in the Buy-In period. TXN 3061 – 3284 show the start date requested, however CMS could not start a new Buy-In period with the requested date. The first possible start date determined by CMS is shown in the 1100-1180 TXN that has the same ADD DT. For other TXN codes, this date is not applicable.

FIELD 6:   **STOP** = When the TXN is 1100-1184 and 4100, this is the last day included in the Buy-In period. For other TXN codes, this date is not applicable.

FIELD 7:   **S** = SSI Code from CMS files.

FIELD 8:   **E** = Eligibility Code from CMS files.   Refer to the appendix of this document for a complete listing of Buy-In eligibility codes.

FIELD 9:   **EDIT** = An informational code determined by the MMIS to identify CMS billing responses that may require EDS/DHCF staff or MMIS system action. The EDIT descriptions are shown below. The second character indicates "N" if the edit(s) occurred for the first time and "O" if the edit(s) are reoccurring.

      A =   Potential duplicate billing with another current month premium.
      D =   Recipient has a date of death.
      E =   Recipient is not eligible, Buy-In should stop.
      H =   Recipient HIC number conflicts with premium billing.
      M =   Recipient requires BAF 'A, B or U' to continue, Buy-In should stop.
      P =   Potential overlap billing with a previous month premium.
      Q =   Recipient has a BAF 'X', Buy-In should stop.
      S =   CMS premium period (new Buy-In) starts after the BAF date.
      T =   Recipient Medicare coverage conflict with premium billing.

FIELD 10:   **AMOUNT** = Medicare premium. (Examples: Part A – $309.00 or Part B $78.20).

Note: The Medicare premium amount is usually changed annually. The $78.20 represents the 2005 Part B Premium.

This is the amount CMS billed or reimbursed to Wisconsin for the recipient. The amount may cover one or more premium months as shown by the Start and Stop fields on Medicare segments added on and after November 2004.

Mnemonic Inquiry Screen (RN)

The RN screen provides an alternative source for identifying recipients by searching using the individual's name instead of identification number (MA ID). The Mnemonic Inquiry screen provides the capability to determine a recipient's MA ID with only basic information, such as full name and sex. More detailed data on the recipient, such as date of birth and county code, allows for a more precise and accurate mnemonic search.

```
                     WISCONSIN RECIPIENT MNEMONIC INQUIRY

SYS ACTION RN MSG PRESS PF4 TO PAGE FORWARD
  1       2            3              4         5               6
SEX 2  F.I. TO   L. NAME JONES        AGCY 000   DOB 00000000   X-REF
        7            8                          9         10         11
   RECIPIENT-ID        NAME (FIRST, M.I., LAST)  AGENCY  HIC-NUMBER   DOB

  0500000150        TOLANTA    M JONES           030                12291980
  0800000690        TOMEIKA    S JONES           040                12101976
  0800300720        TONI         JONES           040                12231993
  0900800970        TONI       D JONES           040                12011980
  0900600720        TONI       G JONES           040                12101961
  0900000470        TONI       J JONES           040                12281968
  0800200960        TONI       L JONES           744    089006496T  12071974
  0800400170        TONI       M JONES           070                12031978
  0900600160        TONI       M JONES           040                12241970
  0400600890        TONI       M JONES           040                12051980
  0900600810        TONIA      M JONES           051                12171975
  0900800540        TONIA      V JONES           740                12241966
  0200200480        TONIETTE   T JONES           740                12141978
  0900000190        TONILIA    D JONES           040                12211982
  0300000260        TONINA     M JONES           030                12171978

  PAGE: 001                               DATE: 121198    TIME: 14:51:18
```

Required Fields:

FIELD 1:   **SEX** = Enter "1" for male or "2" for female.

FIELD 2:   **F.I.** = First two letters of the recipient's first name. Two letters must be used, not just one.

FIELD 3:   **L.NAME** = The last name of the recipient. A minimum of five letters must be entered for names with five or more characters. The system will display all recipients with names meeting the first name, sex and same five letters of the last name.

> **Example:** If SMITH is entered, the system may display SMITH, SMITHEY, SMITHBANK, etc.

You may also choose to limit information displayed on the RN screen by using the SELECT OPTIONS fields. If you choose not to use SELECT

OPTIONS, press [enter] after keying the required fields. The RN screen data for the requested recipient information will then be displayed.

Note: It sometimes is better to enter the minimum required information so that more recipients meeting that criteria are shown. For instance, if the full last name is entered, a selection with Jr or Sr may not be displayed. If DOB or certifying agency is entered and is different than what is on MMIS, the recipient you are looking for will not be displayed.

Function of PF7 key: The PF7 key can be used when doing a search by name on the Mnemonic Inquiry screen (RN). When you find a recipient that you would like to obtain further information about, you change the system action code to RE, move the cursor down to that recipient's line of information and press PF7. This will bring you to the RE screen with that individual's information displayed.)

Recipient Third Party Liability Screen (RT)

The RT (Recipient TPL Inquiry) screen contains data related to the recipient's other health insurance coverage. The information is used to generate third party liability claims to the other health insurance companies in an attempt to recover funds on a post-payment basis. The RT screen displays the information contained on the TPL segment (T-segment) of the eligibility file. T-segments that show an end-date more than 13 months in the past are routinely purged.

```
                   WISCONSIN RECIPIENT    TPL       SEGMENT(S)

 SYS ACTION RT MSG ALL DATA HAS BEEN DISPLAYED
 CLIENT ID 3969008530

  PIC 8869008530                 NAME LISA      M BYRD           3 -SEGMENTS--
 XREF S0886900853A01          ADRS#1 402 FRANK   AVE                ELG 17
 XNAM LISA      M HACK         ADRS#2 PO BOX 173                    TPL 02
  HIC 886900853A               CITY/ST BONDUEL          WI         AUTH 00
  DOB 01011968  SEX 2          ZIP CODE 12345                      MED 01
 CASE 8869008530               REP-PAYEE LISA      M BYRD          LIAB 00


   1    2      3        4               5        6  7 8    9      1011  12
 NO BEG-DT END-DT POLICY-NUMBER    GROUP-NUMBER    R S P COVERAGE   C T IQ-DT
     13        14      15                       16                  17    18
 P-HDR-SSN PH-DOB NAME-OF-EMPLOYER      EMPLOYER'S CITY-STATE-ZIP   ORG VER
       19                    20                        21
  POLICY-HOLDER-NAME    POLICY-HOLDER-STREET-ADRS  POLICY-HOLDER-CITY-ST-ZIP
  22                          23   24                        25      26
  MS                          INS INSURANCE-COMPANY-NAME        CHG-DT ADD-DT
  02 110197 000000 886900853       CUB    FOODS  P 2 3 0 1101100000   0 000000
 880008194 120970                                      00000 M   X
  LESKO      RONALD   M 402 FRANCIS AVE          CASCADE        WI 53011
                        J28 CLAIM MANAGEMENT SERV          000000 110998
  01 120194 033197 886900194       18800-1       2 2 0 1111110111   1 082396
 880008194 120970                                      00000 M   M
  LESKO      RONALD   M W4211 CLEARVIEW RD       WALDO          WI 53093
                        045 WPS                            090396 071296
```

FIELD 1: **NO** = Segment number. The higher the number, the more current the insurance segment.

FIELD 2: **BEG-DT** = The date the insurance policy started. MMDDYY

FIELD 3: **END-DT** = The date the insurance policy ended. MMDDYY (000000 = open policy)

FIELD 4: **POLICY-NUMBER** = Policy/subscriber number. Identifies the client's individual policy.

FIELD 5: **GROUP-NUMBER** = Identifies the group the recipient's insurance policy is carried under. May indicate the name if no number is available.

FIELD 6:   **R** = Relationship Code. Indicates the relationship of the recipient to the policyholder. The codes are:

         1 = self
         2 = spouse
         3 = child
         4 = stepchild
         5 = other

FIELD 7:   **S** = Source Code. This field is used to indicate from what source EDS received the insurance information. The codes are:

         1 = State
         2 = TPL Disposition
         3 = Unknown; county did not indicate whether the information was
             supplied by the child support worker or the economic support worker.
         4 = Child support worker
         5 = Economic Support worker
         6 = BadgerCare.
         7 = Insurance Disclosure

FIELD 8:   **P** = Absent Parent Indicator. This field is used to indicate whether the policyholder is a parent not living with the recipient who is covered by the policy. Valid values are:

         0 = No, the policyholder is not an absent parent (lives in same household as recipient)

         1 = Yes, the policyholder is an absent parent (does not live in same household as recipient)

FIELD 9:   **COVERAGE** = Insurance Coverage Indicator. These fields represent the ten types of coverage. The types are listed 1-10, which is from left to right on the screen. The field will either have a "0" or "1". 0 = NOT covered under this insurance policy, 1 = COVERED under the insurance policy.

         1 = Drugs   6 = Skilled Nursing Home
         2 = Physician   7 = Eyeglasses
         3 = Dental   8 = Durable Medical Equipment (Rental)
         4 = Hospital Inpatient   9 = Durable Medical Equipment (Purchase)
         5 = Hospital Outpatient   10 = Home Health

FIELD 10:   C = Cancelled indicator.

D = Deleted. If the TPL-segment was deleted because it is not a valid policy for the time period specified. A weekly cycle has not removed it from the screen yet.

Blank = Not deleted; valid TPL-segment

FIELD 11:   **T** = Retroactive Indicator.

0 = No retroactive billing has occurred.
1 = Yes, retroactive billing has occurred. Only current month billings will occur from here on.

FIELD 12:   **IQ-DT** = Insurance questionnaire date. This field contains a date corresponding to the date insurance coverage indicators (field 9) were set.

FIELD 14:   **PH-DOB** = The policyholder's date of birth.

FIELD 15:   **NAME-OF-EMPLOYER** = The name of the policyholder's employer.

FIELD 16:   **EMPLOYER'S-CITY-STATE-ZIP** = The mailing address of policyholder's employer.

FIELD 17:   **ORG** = TPL Origin Code. The indicator identifying the system that established TPL. The codes are:

C – CARES
M – MMIS

FIELD 18:   **VER** = Verification Indicator. The indicator identifying whether or not TPL is verified. The codes are:

M – Verified by MMIS
X – Verified by Insurance Disclosure
A – Assumed verified by MMIS
N – Not verified

FIELD 19:   **POLICY-HOLDER-NAME** = The full name of policyholder. (First name, Middle initial, Last name)

FIELD 20:   **POLICY-HOLDER-STREET ADRS** = The mailing address of policyholder.

FIELD 21:   **POLICY-HOLDER-CITY-ST-ZIP** = The City, State and Zip code of policyholder.

FIELD 22:   **MS** = Medicare Supplement Indicator. Values of 2, 3, or 4 indicate a Medicare Supplement policy.

FIELD 24:   **INSURANCE-COMPANY-NAME** = The name of the insurance company.

FIELD 25:   **CHG-DT** = The date a change was made to this segment. MMDDYY

FIELD 26:   **ADD-DT** = The date this segment was added to the recipient's file.

Recipient Authorization Segment (RU)

The RU (Auth-NH/Lockin/Spenddown) screen contains data directly related to claims processing. Segment types found on this screen include nursing home authorizations, spenddown (MA deductible) and lock-in (Primary Provider Program and Hospice). The type of authorization is displayed in field 6.

```
                    WISCONSIN RECIPIENT AUTHORIZATION SEGMENT(S)

 SYS ACTION RU MSG PRESS PF4 TO PAGE FORWARD
 CLIENT ID 1111111110   ACTION I PW      TYPE

  PIC 1111111110                  NAME JANETTE   NOHAM        3 -SEGMENTS--
 XREF                             ADRS#1 ANYTOWN CARE CENTER       ELG 04
 XNAM                             ADRS#2 1000 W CARINGTON ST       TPL 00
  HIC 111111111A                  CITY/ST ANYTOWN         WI       AUTH 04
  DOB 08201941  SEX 2             ZIP CODE 53027                   MED 00
 CASE 1111111110                  REP-PAYEE JANETTE   NOHAM        LIAB 03
    1    2      3     4               6  7      8      9     10       11
    NO  GRT-DT  PT   PROV-NUM  PROV-NAME  A LVL   SPENDDOWN T   ADD-DT    LST-CH
        12      13                 14                15           16
        EXP-DT  ICN-1           ICN-2             AMT-SAT       AMT-REM
    03 100103      20191500        N 0194          2    110503   110503
       123105
    02 083003      20191500        N 20            2    110503   110503
       093003
    02 111700      20181800        N 20            2    021601   110503
       082903
    04 081004  B   43189100 HOSPICE    L           8    092204   111004
       102104
    04 081004  B   31835500 PHYSICIAN  L           8    092204   111004
       102104
    01 041500      41637000        S       42.34 1      051300   060800
       060898   398098152524780             42.34    0.00

                                  DATE: 062905   TIME: 10:42:03
```

FIELD 2:   **GRT-DT** = MMDDYY format.

Nursing home authorization: Effective date of authorized level of care in the nursing home.

Spenddown (MA deductible): This is the date associated with a claim used to meet the recipient's deductible.

Lockin (Primary Provider and Hospice): Effective date that the recipient is being restricted to a particular provider(s) for a specific category of service (e.g. pharmacy).

FIELD 4:   **PROV-NUM** = Provider number. Used for all types of authorizations.

Nursing home authorization: Nursing home.

Spenddown (Deductible): Billing provider submitting the claim used to meet Spenddown.

Lockin: The provider(s) that the recipient is restricted to for services.

FIELD 6:   **A** = Type of authorization. Used for all types of Authorization segments.

L = Recipient Lock-in and Hospice
N = Nursing home
S = Spenddown (Deductible)

FIELD 7:   **LVL** = Nursing home level of care authorized for the recipient. Used for nursing home only. Bureau of Quality Assurance applies these codes to the MMIS files.

LEVEL OF CARE	DESCRIPTION
(The following codes ended 09/30/03)	
20	SNF (skilled nursing facility maximum)
21	ICF/1 & 2 (intensive care facility)
22	ICF/3 (personal)
23	ICF/4 (residential)
25	ISN (intensive skilled nursing)
26	MR/DD (developmentally disabled)
27	DD1A
28	DD1B
29	DD2
80	Brain Injured
81	Intensive Brain Injured
(The following codes are effective 10/01/03)	
0190	Subacute Care – General Classification + Disability
0191	Subacute Care Level I – Skilled Care
0192	Subacute Care Level II – Comprehensive Care
0193	Subacute Care Level III – Complex Care
0194	Subacute Care Level IV – Intensive Care
0199	Subacute Care – Other

FIELD 8:   **SPENDDOWN** (Deductible) = This is the deductible amount submitted on the Remaining Deductible Form HCF 10109. Used for Spenddown only. (Appendix 1).

FIELD 9:   **T** = Provider Code. Used for all types of Authorization Segments.

Nursing Home: Always "2"

Lock-In:
1 = Drug (claim types 10, 19)
2 = Physician (claim types 20, 30, 39)
3 = Dental (claim types 21, 39) – Not used 10/13/03
4 = EPSDT (claim types 22, 27, 39) – Not used 10/13/03
5 = Outpatient (claim types 23, 31, 39) – Not used 10/13/03
6 = Medical Vendor (claim types 24, 39) – Not used 10/13/03
7 = Institutions (claim types 40, 41, 50, 59) – Not used 10/13/03
8 = All claim types or Hospice

Spenddown (MA deductible):
0 = Not met
1 = met

FIELD 12: **EXP-DT** = Expiration date.

Nursing home authorization: End date of the level of care authorization. Open end dates appear as MMDDYY.

Spenddown (MA deductible): This date is the finalization date of the claim used to meet the spenddown criteria. 000000 will appear in this date until the spenddown claim(s) is received by EDS and finalized.

Lockin and Hospice: This is the end date of the lock-in period. After this time, the recipient may go to any provider for services unless Division of Health Care Financing extends the lockin.

FIELD 15: **AMT-SAT** = A nine digit amount applied by the system to indicate how much Medicaid has applied toward meeting the spenddown. Used for Spenddown only.

FIELD 16: **AMT-REM** = A nine digit amount calculated by the MMIS system to indicate the remaining claims dollar amount that needs to be submitted to EDS. Used for Spenddown only.

Provider Information

The Wisconsin Provider Eligibility screens display specific information regarding a provider's certification. Some information found on these screens includes:

- Provider name, address, and phone number
- Certification effective and end dates
- Provider type and specialty
- Medicare provider numbers
- Lab certification codes
- Rate information for hospitals and nursing homes
- Primary provider certification information

The provider screens are accessed by either provider number or provider name depending on the screen you are accessing.

PM = is a search by provider name.
P1 = is a search by provider number.

These screens are used primarily to access information for completion of the Medicaid Remaining Deductible Update form.

Wisconsin Provider Mnemonic Inquiry Screen (PM)

The PM (Mnemonic Generic) screen is used to alphabetically look up provider information when the provider number is unknown. You can do this using several options (e.g., last name, license number, SSN). The Providers will be display sorted first by provider type and then alphabetically.

```
                    WISCONSIN PROVIDER MNEMONIC INQUIRY

  SYS ACTION PM MSG MORE CROSS REFERENCE RECORDS  – USE PF4 TO DISPLAY
              *1                    *2    *3
  OPTIONS:  LAST NAME MEMORIAL     FI   MI      CITY          STREET
  PRVB       SSN/IRS           RELATED           LNUM
  XREF    T18            1                    2              3    4   5   6
                    NAME                    CITY             ST  CAN  TY  SP
  7       8                                9          10   11    12
  NO    PROVNUM                 STREET ADDRESS      ID CERTB CERTND


  01    11002100    MEMORIAL HOSPITAL           WOODSTOCK         IL         61 080
                                527 W SOUTH ST
  02    11002190    MEMORIAL HOSPITAL           WOODSTOCK         IL    C    61 080
                                527 W SOUTH ST
  03    11006400    MEMORIAL HOSP OF TAYLOR     MEDFORD          WI         61 081
                                135 S GIBSON ST
  04    11006490    MEMORIAL HOSP OF TAYLOR     MEDFORD          WI    C    61 081
                                135 S GIBSON ST
  05    11008600    MEMORIAL COMMUNITY HOSP     EDGERTON         WI         61 082
                                313 STOUGHTON RD
  06    11008690    MEMORIAL COMMUNITY HOSP     EDGERTON         WI    C    61 082
                                313 STOUGHTON RD
              13
  PROVIDER NUMBERS SHOWN 0006
```

Select Options

Select options allow the user to limit the data displayed on the online screen to information that meets specific criteria. The following options are available on the PM screen:

1: **LAST NAME** = Individual Provider's Last Name or Institution's Full Name. When keying in an institution's name, only key characters in the "LAST NAME" field and leave the "FI" and "MI" fields blank.

2: **FI** = Provider's First Initial.

3: **MI** = Provider's Middle Initial.

FIELD 1:   **NAME** = Provider's full name.

The following fields are displayed only after the option selections have been completed.

FIELD 2:   **CITY** = City.

FIELD 3:   **ST** = State.

FIELD 4:   **CAN** = Cancellation Indicator. If the provider displayed is cancelled (e.g., action/reason code 40-49 and 59) a value of "C" will appear in this field.

FIELD 8:   **PROVNUM** = Medicaid/BadgerCare Provider Number.

FIELD 9:   **STREET ADDRESS** = Street Address. Provider's physical street address as indicated on the P1 screen of the provider file. Includes one additional address/attention line underneath the provider name.

Example - PF7 key functionality:

The PF7 key can be used when doing a search by name on the Provider Mnemonic Inquiry screen (PM). When you find a provider that you would like to obtain further information about, you change the system action code to P1, move the cursor down to that provider's line of information and press PF7. This will bring you to the P1 screen with that provider's information displayed.

Wisconsin Provider Eligibility Screen (P1)

The Provider Eligibility screen (P1) is used to display the Medicaid/BadgerCare certification information of a specific provider. The provider number may be accessed from the Recipient Claims (RC) screen.

```
                        WISCONSIN PROVIDER ELIGIBILITY

   SYS ACTION P1  MSG REVIEW PROVIDER DATA
 1 PROV/NO 99006400         ACTION I         LCHNG 10 060298    30 060298
 2 NAME    GENERAL  HOSP      OF TAYLO    R    CO    NM/TP  4  RETURN MAIL
 3 ADDR 1                                      AD     ABCDEFGH
 4     2 935 S GIBSON ST                       USE    1111
 5     3 MEDFORD          WI 54499             PHONE  995 748 8100
 6 AUTH B HARLAN AUTHGUY      REC-TYP 2  PPI    CNTY 060 P-SPC 081 LOC 002
 7 TP 8 SPC CT EFF/DT END/DT   TP SPC CT EFF/DT END/DT                DATE
   61   081 99 070175        62 113 99 070175       IRS-C E 990964813 070175
                                                    IRS-P
                                                    LIC/EX
           1234 5678 CDEF GHIJ KLMN OPQR STUV WXYZ   DEA    AM3910418
   LOBS/IND  111    1        1                   10 PREV NO N52000606
   EMC-NO 99050800         FORM                   OWNER
   S/DATE 112092           QTY                    CERT  H GENHOS 063093
   E/DATE                  DATE                   GROUP
   RA             XNM                             EFFDT 070175 ENDDT  9
   . .         . .           . . REF NBRS  . .              . .
   C 52D0395481   X 000000509   X 000081987    X 520006
```

FIELD 1:   **PROVIDER NUMBER** = This is a required field to access this screen. The eight-digit Medical Assistance provider number must be entered to access this careen. **Overtype the provider number listed if you wish to research a different provider number.**

FIELD 2:   **NAME** = Last name, first name, middle initial, and credentials of the individual provider, or in the case of hospitals, nursing homes and other groups, the complete name.

FIELDS 3 - 5: Address information is listed in these fields.

FIELD 9:   **END/DT** = End Date. Identifies the last date the provider was an active Medicaid provider. The provider is no longer active. However, the provider can still bill for dates before this date. Dates are entered in MMDDYY format. A blank field indicates that the provider is an active Medicaid provider.

SeniorCare Information

SS: SeniorCare Enrollment Spenddown/Deductible information search by participant
        ID number.

SD: SeniorCare ICN information search by participant ID number.
        (The SD screen may only be accessed from SS.)

SeniorCare Enrollment Spenddown/Deductible Summary Screen (SS)

The SS (SeniorCare Enrollment Spenddown/Deductible Summary) screen displays SeniorCare enrollment information, which includes SeniorCare spenddown and deductible amounts. This screen also contains information such as, the number of participants in a CARES case and the remaining spenddown and deductible amounts.

```
DATE: 022603            WISCONSIN SENIORCARE ENROLLMENT        TIME: 11:20:22
                        SPENDDOWN / DEDUCTIBLE SUMMARY

SYS ACTION SS MSG ALL DATA DISPLAYED

ACTION I

PARTICIPANT ID: 9962584010 CARES CASE: 9900268920 CARES PIN:

PARTICIPANT SEGMENTS:

      1         2        3        4          5                            6
A ID NUMBER  I RC ID RQST  ID SENT   NAME ON CARD               CARES PIN

  9962584010 N 00            07/11/02 RANOLPH B CLIENT           9900563971



SPENDDOWN SEGMENTS:

7   8         9           10          11       12      13        14      15
A START     END        ID NUMBER    SD USED SD REMAIN ADDED    WRKRID LAST UPD

_ 07/01/02 10/15/02 0062584010     0.00      1.00 06/27/02       10/17/02


DEDUCTIBLE SEGMENTS:

16  17        18          19      20   21        22      23        24      25
A START     END        ID NUMBER  T DED USE DED REM ADDED     WRKRID LAST UPD

_ 07/01/02 10/15/02 9962584010 I   0.00   500.00 06/27/02       10/17/02
```

FIELD 1: **ID NUMBER** = Participant's MA ID. The participant ID is the same as the10 digit MA ID used for Medicaid recipients.

FIELD 8: **START** = Spenddown segment start date. MM/DD/YY

FIELD 9: **END** = Spenddown segment end date. Blanks will be displayed of the segment has an open-end date. MM/DD/YY

FIELD 17: **START** = Deductible start date. MM/DD/YY

FIELD 18: **END** = Deductible end date. Blanks will be displayed if the segment has an open-end date. MM/DD/YY

The SD detail screen may be accessed from this page. See the online MMIS Handbook for instructions.

Premium Information

Premium On-Line Screen (BD)

The BD (Premium) Screen contains BadgerCare and MAPP premium months in which a premium is due for that BadgerCare case or MAPP individual. It also contains individual benefit month information regarding whether a payment was received, the payment method, the date premium paid, and payer name. Each case can display 24 benefit months per screen.

This screen is accessed by using the Primary Person's (recipient's) identification number (MA ID).

Access the BD screen by completing the following steps:

1. Login to the MMIS.

2. When the Selection Screen displays type the following command where "01" is normally entered: *LM,D4C32784 and then press [enter].

3. Then type "01" (for the application), press [enter] and continue as usual.

If a problem occurs contact:

       Electronic Data System
       Communication Security Specialist
       Phone (608) 221-4746 ext. 3712
       Fax (608) 221-0885

```
PREMIUM SCREEN

SYS  ACTION  BD  MSG  PRESS PF4 TO DISPLAY MORE DATA

1 CASE NUMBER:  3900000000 2 CATEGORY: ____  3 SEQ: __      *ACTION:  I
4 CASE NAME:    CLIENT            MICHELLE R


BENEFIT MONTHS

    6    7   8      9      10 11
    CAT  SN BEGIN   PREMIUM I PM         CAT  SN BEGIN   PREMIUM I PM
5 S BC   01 022003  0030.00 N DP     _ BC   01 082002  0030.00 N DP
  _ MAP  01 022003  0030.00 N DP     _ MAP  01 082002  0030.00 N DP
  _ BC   01 012003  0030.00 N DP     _ BC   01 072002  0030.00 N DP
  _ MAP  01 012003  0030.00 N DP     _ MAP  01 072002  0030.00 N DP
  _ BC   01 122002  0030.00 N DP     _ BC   01 062002  0030.00 N DP
  _ MAP  01 122002  0030.00 N DP     _ MAP  01 062002  0030.00 N DP
  _ BC   01 112002  0030.00 N DP     _ BC   01 052002  0030.00 N DP
  _ MAP  01 112002  0030.00 N DP     _ MAP  01 052002  0030.00 N DP
  _ BC   01 102002  0030.00 N DP     _ BC   01 042002  0030.00 N DP
  _ MAP  01 102002  0030.00 N DP     _ MAP  01 042002  0030.00 N DP
  _ BC   01 092002  0030.00 N DP     _ BC   01 032002  0030.00 N DP
  _ MAP  01 092002  0030.00 N DP     _ MAP  01 032002  0030.00 N DP



BENEFIT MONTH DETAIL DATA

        12                      13                       14
BENEFIT MONTH: _____    DATE PREMIUM PAID: _____    PAYER ID: _____
    15                                          16
PAYER SSN:      _____               PAYER PIN: _____
    17
PAYER NAME:    _____ _____ _


    RECIPIENT DETAILS                    EMPLOYER DETAILS

TRANSIT/ROUTING NUMBER:              TRANSIT/ROUTING NUMBER:
BANK ACCOUNT NUMBER:                 BANK ACCOUNT NUMBER:
ACCOUNT TYPE:                    ACCOUNT TYPE:
*CHOSEN PAYMENT TYPE:   __            *PAYMENT METHOD:
EFT TESTING PHASE:     _            *PAYMENT FREQUENCY:


CURRENT DATE:  01292002       TIME:  08:07 LAST CHANGED DATE:
```

FIELD 1:   **CASE NUMBER** = MA ID Number of the Case Head

SELECT OPTIONS: Fields 2-3 are optional and can be used to limit your search.

FIELD 2:   **CATEGORY** = Category of Assistance from CARES. Use to limit the online display to either BC (BadgerCare) or MAP (Medicaid Purchase Plan). This field can be used with or without Field 3.

FIELD 3:   **SEQ** = Sequence Number from CARES for the assistance group. This can only be used if you specify a valid CAT in Field 2.

Benefit Months

FIELD 5:   **SELECTION INDICATOR** = Place an "S" in the field in front of a specific month and press [enter].

This displays premium information in the BENEFIT MONTH DETAIL DATA portion at the bottom of the screen.

FIELD 8:   **BEGIN** = The benefit month in which a premium is due.

FIELD 9:   **PREMIUM** = The dollar amount of the monthly BC Premium.

FIELD 10:   **I** = Paid Indicator which indicates if a premium payment was received for a particular benefit month. Y (yes) or N (no)

FIELD 11:   **PM** = Payment Method (Actual) for the premium month.
               DP (Direct Payment)
               ET (Electronic Funds Transfer)
               WW (Wage Withholding)

Note: An employer can choose **DP** or **ET** as payment method.

The most recent months will display in the upper left corner going down the column and the most historic data in the bottom right corner.

Forward Card Information

Card Management Database – Inquiry Screen (MI)

The MI (Card Management Database (CMD) Inquiry) Screen contains a listing of all plastic ID cards issued under the specified Medicaid ID number or Social Security number, and displays the current status of each card. It also contains general information about the card and the cardholder, such as the unique card number (PAN), cardholder's last name, card issue date, and the date of the last update to the card record. The information appears on this screen sorted by issue date.

This screen is accessed by using the recipient's identification number (MA ID).

```
                    CARD MANAGEMENT DATABASE - INQUIRY

 SYS ACTION MI MSG ALL DATA HAS BEEN DISPLAYED.
 MAID   0101010100          SSN


      PAN                I-MAID         L-NAME      C-ISSUE   C-STAT  L-CHNG   CL-ID
 5077089902019058     0101010100  BALERMENT        09201999    32   03052002  SYST
 5077080206403783     0101010100  BALERMENT        03052002    01   03052002  SYST








                         DATE: 06292005   TIME: 15:26:16
```

FIELD 1:   **MAID** = Enter the 10-digit recipient Medicaid Identification number (MAID) being researched.

FIELD 3:   **PAN** = Personal Account Number is the unique 16-digit card number that is embossed on the front of the card.

FIELD 5:   **L-NAME** = Cardholder Last Name. If the recipient has had a name change, the most current last name will be displayed and printed on the new re-issued card.

FIELD 6:   **C-ISSUE** = ID card issue date. The date that the ID card was produced and mailed to the recipient.

FIELD 7:   **C-STAT** = Card Status/Reason Code. Indicates the status of the card and, if applicable, the reason for deactivation. Valid values for this field are found in the on-line MMIS Manual.

MMIS Edits

Goals

This section will provide participants with:

- An explanation of the MIER screen, its functions, and its use.
- A description of the MMIS edits that appear on the MIER screen.
- A demonstration of the worker resolution process.
- An understanding of how the edits affect eligibility and TPL information.

Objectives

After this section, the participant will be able to:

- Resolve the edits that appear on the MIER screen.
- Identify probable existing edits when resolving eligibility and TPL information issues.

MMIS Interface

The following information is sent from the CARES Application Entry subsystem, through the MMIS Interface, to EDS:

1.   Demographic data including name, date of birth, sex, social security number, and PIN.
2.   Confirmed eligibility date including begin/end dates and the categories for which the individual is eligible.
3.   Other health insurance information (TPL), and the QMB begin date.
4.   Recipient liability information including begin and end dates and the liability amount.
5.   Community Waivers eligibility dates and types of waivers.
6.   Family Care and Pace/Partnership enrollments.
7.   BadgerCare and MAPP Premium amounts and payment updates.
8.   BadgerCare and MAPP employer provided major medical insurance access.

When this information is sent from CARES and MMIS is unable to update the data, an error message is returned to CARES and appears on the MIER screen.

Verifying Eligibility on MMIS

In most instances eligibility can be viewed on EDSNET "RE" screen two business days after it has been confirmed in CARES or resent using PF18 on MIMI. If, however, internal MMIS review is necessary, it may take up to a week before the eligibility will appear on the "RE" screen. If eligibility is not on the "RE" screen within five working days, call the extension of the EDS Eligibility Analyst assigned to your county at (608) 221-4746.

If eligibility segments are missing on MMIS, it may be necessary to resend eligibility information.

How to Send/Resend Eligibility from CARES to MMIS

1. Verify the benefit is correct in CARES.
2. Check if the individual is currently open for SeniorCare (SC) or Family Planning Waiver (FPW) in CARES.

If the individual is not open for SC or FPW: Use MIMI to resend existing eligibility data to MMIS for all open eligibility periods within the last 12 months through the current month. MIMI can be used to resend eligibility that previously did not update MMIS because of an edit failure.

To resend an individual's current demographic information (sex, date of birth, name, social security number) and eligibility to MMIS, access MIMI with the individual's PIN and press PF18 when the screen displays.

Run SFED or SFEX and confirm on AGEC to send eligibility data to MMIS for the current benefit month and future months.

> **NOTE:** PF18 on MIMI will not send eligibility data to MMIS for prior periods when SC or FPW eligibility existed for an individual in CARES.

If the individual is open for SC or FPW: Running SFED or SFEX without dates and confirming on AGEC sends the current month and future months' eligibility to MMIS.

When sending a change in eligibility for prior months, run SFED or SFEX with dates for each month for which a change is being made. Be sure to check budget screens to ensure that accurate data is sent.

How to Send/Resend Demographic and TPL from CARES to MMIS

Current TPL and demographic information such as a change in address is sent from CARES to MMIS when CARES screens are updated. It is not necessary to run SFED or SFEX or use MIMI to send TPL or demographic information.

MIER

This screen contains edits that are a result of inconsistencies between the CARES and MMIS systems.

These edits may be errors that have prevented an update to demographic or eligibility information on the MMIS. These edits need to be resolved through comparison of the data recorded on both systems.

The edits remain on MIER until the worker updates the MIER screen.

Alert (120) is sent to the worker indicating that there are new errors present on MIER for their cases. The alert automatically disappears after 7 days.

How to Access MIER to View MMIS Edits

Key MIER on the "next tran" line and leave the "parms" line blank to access the screen and view edits related to your caseload.

To access MIER for another worker's caseload, key MIER on the "next tran" line and the CARES ID and caseload number of the worker on the "parms" line. (**Example: XDA800/9090**)

MIER		RECORD ERROR RESOLUTION				

```
MIER                    RECORD ERROR RESOLUTION

USER ID:  XCT999
RECIP PIN       TRAN   ERR    RES     ICN                     ERROR
                TYPE   CD     IND.    NUMBER                  DESCRIPTION

99119994371     50     143    N       09098222075601          MMIS DOD 021505<CARES END 022905
```

USER ID

This field displays the user ID of the worker generating the transaction for which the errors exist.

RECIP PIN

This field displays the CARES PIN of the individual for whom an error is being reported. Used to access AQIE which contains the recipient's SSN, CARES Case #, and eligibility begin and end dates.

ERR CD

This field displays an error code from the TMER table identifying the reason the CARES update did not apply. The error code is used to identify the edit that needs to be resolved.

RES IND

This field displays an "N", but when the worker resolves the edit error s/he must enter a "Y" to delete the edit from MIER.

ERROR DESCRIPTION

This field displays the text description of the error code. The information displayed is related to that individual and is helpful in resolving the edit.

Worker Resolution of MMIS Edits

The following edits may appear on MIER and require worker action. This section explains how to resolve each of these edits.

Edit 143: Cannot Extend Eligibility Beyond the Date of Death

RECIP PIN	TRAN TYPE	ERR CD	RES IND	ICN NUMBER	ERROR DESCRIPTION
1234567890	50	143	N	09001222075601	MMIS DOD 091501<CARES END 093001

Error Description Field on MIER:

The Error Description field provides the date of death for the recipient on MMIS/EDS as well as the eligibility end date sent from CARES for the recipient.

Reason for the Edit:

The CARES system has sent EDS eligibility information for an individual that has a date of death recorded on MMIS. The date of death is earlier than the last date of eligibility that CARES is attempting to put on the MMIS eligibility record for that individual.

Important When the date of death is entered in CARES for an individual, it can be changed until the end of the day in which that change is being made. That night the last confirmed change made to the date of death field is sent to MMIS and will be applied to the individual's MMIS record. Any other changes made to the date of death (DOD) field in CARES after that date will not be applied to the individual's MMIS file. If a correction is not made within the same day, **one or two HCF 10110 forms must be sent to EDS to correct the DOD on MMIS. Please see the note at the end of the Resolution section for instructions on completing the forms.**

> **Example:** A worker incorrectly enters a date of death for an individual and confirms the change. The worker realized the following day that an error was made and corrects the error on CARES by overtyping the data on ANDA. The original information has been sent to MMIS and applied to the individual's record. Other updates from CARES will not be applied to the first change that came from CARES.

Impact of the Edit Failure on the Recipient:

When date of death has been sent and applied to MMIS by CARES or any other source, MMIS/EDS will no longer accept eligibility (EDS will no longer consider Medicare claims for payment) and/or Buy-In eligibility beyond the date of death. The individual could be denied medical services because eligibility is not on MMIS.

Example of an Edit Occurrence:

The wife in a case is deceased. The date of death was incorrectly put on the husband's line rather than the wife's line in ANDA. This information is sent to EDS/MMIS and the date of death is applied to the husband's MMIS record. The worker realizes the error at a later date and removes the date of death for the husband from ANDA and adds the date of death to the wife on ANDA. The worker also runs SFED or SFEX to reinstate eligibility for the husband. The new date of death record for the wife is sent to EDS/MMIS and the date of death is put on the wife's MMIS record. The date of death is not removed from the husband's MMIS file and the husband's eligibility is not added to his MMIS file. He is not eligible on MMIS and may be denied medical services.

Example of How to Prevent the Edit:

Be sure to enter the correct date of death for the correct case and the correct individual within the case on the ANDA screen.

Resolution:

Access the MIER screen and select a PIN, the associated Error Code (ERR CD) to be resolved and the date of death in the Error Description. Compare the date of death on the RB screen with the date of death on the ANDA screen.

I.   If the date of death on ANDA is the same as the date of death on the RB (Recipient Base Segment screen) screen, key RE (Recipient Eligibility screen) in the System Action field and leave the same MA ID in the Client ID field. Check to see that all eligibility is ending appropriately on the RE screen.

II.   If there is no date of death displayed on ANDA or the date of death on ANDA is different than the date of death (DOD) on the MMIS RB screen, verify the correct date of death by checking information in the case file. Check screen history on ANDA to be sure a date was not entered in the date of death field and then an update was done to the screen to delete the incorrect information.

     A.   If the date of death on ANDA is correct and the DOD on the MMIS RB screen is incorrect (the individual is not deceased or the actual DOD is different than the MMIS DOD), the MMIS date of death must be corrected. According to the instructions found at the end of the Resolution section for this edit, send a HCF 10110 form to EDS to correct the date of death on MMIS.

B.   If the date of death on the MMIS RB screen is correct and the DOD on CARES is incorrect or missing, change or add the correct DOD to the ANDA screen and run SFED/EX to end eligibility in CARES.

C.   If the date of death is incorrect on both the MMIS RB screen and ANDA in CARES, correct the date of death on ANDA. According to the instructions found at the end of the Resolution section for this edit, send a HCF 10110 form to EDS to correct the date of death on.

HCF 10110 Instructions for Removing or Changing a Date of Death on MMIS

Important

To **remove the date of death** from MMIS submit a HCF 10110 form with "------" (six dashes) in the DOD field and a note in the comment box that explains why the date of death needs to be removed.

To **change a date of death** on MMIS, submit two HCF 10110 forms. Submit the first HCF 10110 with "------"(six dashes) in the DOD field and a note in the comment box explaining that the date of death needs to be removed and then changed. Submit the second HCF 10110 with the correct date of death in the DOD field and a note in the comment box explaining that the date of death should be changed.

It may take up to a week for the date of death to be changed at EDS/MMIS from the day the HCF 10110 is received at EDS. Verify that the DOD has been corrected on MMIS by checking the RB screen.

Screens associated to this edit:

MIER   RB
AQIE   RE
ANDA   AGEC
MIMI

Edit 226: CARES Cancel Date is Greater than End Dates on MMIS Eligibility Segment

```
RECIP PIN    TRAN ERR RES  ICN              ERROR
             TYPE  CD  IND  NUMBER           DESCRIPTION
1234567890   50    226 N    09098222075601 CANCEL DT 053105>END DT 022805
```

Error Description Field on MIER:

The Error Description field shows the CARES end date (CANCEL DT) sent to EDS for the recipient and the end date (END DT) on the most recent MMIS/EDS eligibility segment for the recipient.

Reason for the Edit:

The eligibility end date (CANCEL DT) in CARES is beyond the eligibility end date in the most recent MMIS/EDS eligibility segment. CARES is trying to end eligibility for a date further into the future than MMIS has eligibility for the individual. Example: CARES eligibility is ending on 01-31-05. MMIS/EDS eligibility is ending 11-30-04.

Impact of the Edit Failure on the Recipient:

There may be eligibility that is missing from the individual's MMIS/EDS eligibility record for a period of time between the CARES eligibility end date (displayed on AQIE) and the eligibility end date on MMIS (found on the EDSNET RE screen). As a result, the individual may be or might have been denied Medicaid/BadgerCare services during that period of time.

Resolution:

Important Access the MIER and check for any other edit failures for the same PIN before beginning to research the 226 edit. It is possible that this edit is the result of eligibility not being added to the MMIS file because another edit for the same individual has not yet been resolved. Depending upon whether or not there were outstanding edits which caused the MMIS records not to be updated properly, either step I or step II will be the appropriate resolution process.

I.   If there are any other edits related to this PIN, complete the following steps:
- Resolve those edits and
- Re-send eligibility to MMIS.
- Recheck eligibility on the RE (Recipient Eligibility screen) after one business week.
  - If all eligibility is on file for the individual, no further changes are required.

o   If there is eligibility that is missing from MMIS (the end date on the top segment on the RE screen is still less than the end date on the AQIE screen in CARES), complete number II below.

II.   If there are no other edits found on MIER for this PIN number, complete the following steps:

- Compare the eligibility end dates listed on AQIE and the MMIS RE screen.
  o   If the end date on AQIE and the end date on the RE screen are the same (there is no eligibility missing from the RE screen), no change is required.
  o   If the end date on AQIE and the end date on the RE screen are different (there is eligibility missing from the MMIS RE screen), re-send eligibility to MMIS. See section "How to Send/Resend Eligibility from CARES to MMIS."

NOTE: If you have completed the process for resolving this edit and the edit again appears on MIER as well as eligibility continues to be missing from the RE screen, call the extension of the EDS Eligibility Analyst assigned to your county. Explain to the analyst that you have a 226 edit that cannot be resolved and thus you are unable to have eligibility applied to the individual's MMIS file. Provide the analyst with the individual's MA ID number, name and PIN. The analyst will work with you to ensure that eligibility is added to the individual's file.

Screens associated to this edit:

MIER
MIMI
AQIE
RE
AGEC

Edit 415: Invalid/Missing State Code

RECIP PIN	TRAN TYPE	ERR CD	RES IND	ICN NUMBER	ERROR DESCRIPTION
1234567890 50		415	N	09098294082501	WO

Error Description:
Contains the invalid state code that CARES sent to the MMIS.

Reason for the Edit:
CARES sent a blank or invalid state code to EDS through the MMIS system.

CARES allows codes to be entered in the "state" field on address screens that are not in the United States because recipients may move out of the United States and are still entitled to receive a notice of decision out of the country. The CARES/MMIS interface only accepts a state code in the United States and the District of Columbia (DC).

Impact of the Edit Failure on the Recipient:
The incorrect spelling of a state abbreviation or the use of a country code (abbreviation) in the state field on an address screen prevents MA eligibility from being updated for the individual on MMIS. The individual may not receive a Medicaid card and could also be denied medical services since eligibility may not be on MMIS. If you are trying to end eligibility on CARES, benefits could continue to be provided to the individual incorrectly.

Example of an Edit Occurrence:
The state code "WI" (Wisconsin) is incorrectly keyed as "WO" (Wake Island in CARES TSTA table). CARES allows this territory abbreviation code because it is in the TSTA table. However, MMIS rejects "WO" because it is not a valid state code (United States and District of Columbia).

An Example of How to Prevent the Edit:
Be careful to key the state code accurately. Access the TSTA table of territory and state codes and descriptions to verify the correct state code.

Resolution:
Access the MIER screen and select a PIN and the associated Error code as well as the error description. Tran to AQIE with the PIN in order to obtain the case number associated to the individual's PIN. Access all address pages and check all state code fields to be sure the correct code has been entered.
I.	If the state code is incorrect, make the appropriate correction. Resend eligibility. See "How to Send/Resend Eligibility from CARES to MMIS" section

II.   If the individual has relocated out of the United States, complete a HCF 10110 form to change the address on the MMIS file to your agency address. Future mailings from MMIS will come to you to be forwarded to the client.

Screens associated to this edit:

MIER
AQIE
MIMI
AGEC

WSSI On-Line Screens
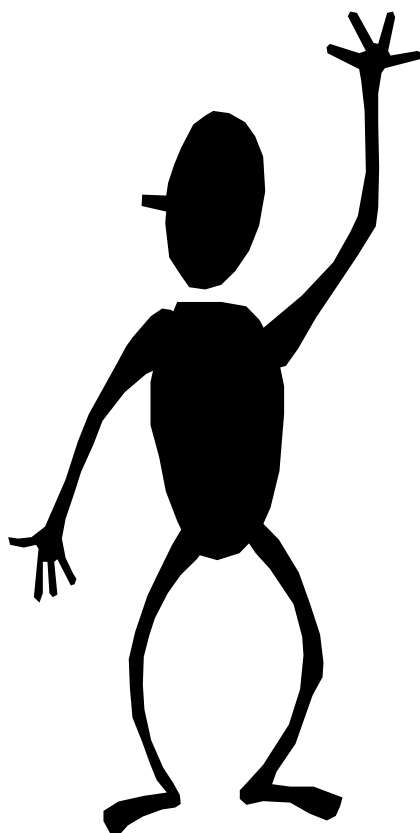
Goals
- To provide the participants with information that will enable them to access and navigate through the WSSI Online screens.
- To identify and explain the information displayed on the screens.

Objectives
This section will provide participants with an understanding of:
- How to access the WSSI Online screen.
- How to navigate through the WSSI Online screens.

WSSI Overview

The WSSI sub-system in MMIS is where information is found related to the following:

- SSI eligibility and payments,
- CTS eligibility, and payments

CTS information is found here since these payments are made from the state SSI system.

> Note: EDS screens refer to Caretaker Supplement as CSupp, rather than CTS.

The following screens will assist workers in identifying both SSI and CTS data:

WSSI Screens:

EN: SSI Recipient ID information search by name.

E1:   SSI Recipient Eligibility information search by recipient SSN.

E2:   SSI Recipient Payment information search by recipient SSN.

E3:   Caretaker Supplement Payment information search by caretaker SSN.

SP: Cash and Financial information search by recipient SSN.

WSSI Screen Navigation

From any WSSI screen, other than EN, workers may navigate simply by changing the System Action code to the desired screen and pressing enter.

To access the same screen for a different individual, enter the individual's SSN in the SSN field and press enter.

To navigate to a different WSSI screen for a different individual, both the System Action and SSN may be changed. Then press enter.

Logon Procedures

Note: In order for EDS screens to display appropriately, the CARES session should be set with the text display font set to 43 x 80. See ops memo 02-51 for set-up instructions.

1. At the Menumgr Selection (Example Screen #1), in the ENTER SELECTION HERE field, type EDSNET and press [enter].

Example Screen #1:
```
                          MENU FOR DWD052          Panelid  - TEN0041
                                                   Terminal - VTCC1DJB
  Jump=PA1          Menu=PA2          Return to Menu=ATTN   Model    - 3278-4A
  Cmdchar=/         Cmdkey=PA3        Return to Logo=PF3    System   - TPXITS2

  Sessid     Stat     Sessid    Stat     Sessid    Stat    Sessid    Stat

_ ATT             _ CBT1      N/A  _ CICSBP          _ CICSDP
_ CICSDP24        _ CICSFP3        _ CICSP330        _ EOSPM
_ FH              _ IMSBP          _ IMSD2           _ IMSFP
_ TSO             _ WISMART

Command ===>  EDSNET
 PF1=Help  PF7/19=Up  PF8/20=Down  PF10/22=Left  PF11/23=Right  H =Cmd Help
```

2. When the EDSNET screen (Example Screen #2) displays enter your logon ID and password.

   LOGON ID: Enter your six-character logon ID, then space bar twice or use the tab key to reach the password field. Do not press [enter].

   PASSWORD: Enter your password and press [enter]. Your password must be 8 total digits. It must contain 1 number with a maximum of 3 numbers. It cannot have more than 2 of any 1 character.

Example Screen #2
```
      EEEEEEEEE DDDDDDDD   SSSSSSSSS  NNN     NNN  EEEEEEEEE  TTTTTTTTTTTTTT
      EEEEEEEEE DDDDDDDDD  SSSSSSSSS  NNNN    NNN  EEEEEEEEE  TTTTTTTTTTTTTT
      EEE       DDD  DDD   SSS        NNNNN   NNN  EEE              TTT
     EEEEEEEEE  DDD   DDD  SSSSSSSSS  NNN NN  NNN  EEEEEEEEE        TTT
    EEEEEEEEE  DDD   DDD  SSSSSSSSS  NNN  NN NNN  EEEEEEEEE        TTT
     EEE        DDD  DDD        SSS  NNN   NNNNN  EEE              TTT
   EEEEEEEEE  DDDDDDDDD  SSSSSSSSS  NNN     NNNN  EEEEEEEEE        TTT
  EEEEEEEEE DDDDDDDD   SSSSSSSSS  NNN     NNN  EEEEEEEEE        TTT


          ELECTRONIC DATA SYSTEMS CORPORATION     DALLAS, TEXAS
Use of the network is restricted to authorized users. User activity is moni-
tored and recorded by system personnel. Anyone using the Network expressly
consents to such monitoring and recording. BE ADVISED: if possible criminal
activity is detected, system records, along with certain personal information,
may be provided to law enforcement officials.
*************************************************************************
*   LOGON-ID:                NETWORK-ID: DAYTON1   DATE:    06/06/05    *
*   PASSWORD:                HOST:       DYGNN1A   TIME:    15:42:48    *
*   NEW PASSWORD:            TERMINAL-ID: TDYAAGS9  SECURITY 972-605-3720 *
*                           CDRM:       MDY001    HELP:    937-235-7500 *
*************************************************************************
ENTER OPTIONAL INITIAL SELECTION BELOW, PF1 FOR HELP, OR 'LOGOFF'.
SELECTION=>
```

3. When the application selection screen displays (Example Screen #3), type the following command where "1" is normally entered: *LM, D4C32784 and then hit [enter].

```
Example Screen #3
TERM:    VTPXU214  DATE: 06/06/05  HELP: 937-235-7500    NETWORK-ID: DAYTON1
 LOGMODE: T3278M4E  TIME: 18:29:34  SEC:  972-605-3720    HOST:      DYGNN1A
 NO..MNEMONIC..SITE.....APPLICATION/DESCRIPTION.........HOURS...................
 01  EECE5     PLIPC3G  CICS PROD ---- E5              0600/1800
 02
 03
 04
 05
 06
 07
 08
 09
 10
 11
 12
 13
 14
 15
 16
 17
 **************************    SELECTION SCREEN    **************************
 PLEASE ENTER SELECTION BELOW, PF1 FOR HELP OR PF3 TO LOGOFF       PAGE=ONLY

 SELECTION=> *lm,d4c32784
```

4. The application selection screen (See Example Screen #3a) will display again. Enter the number "1" instead of *lm,d4c32784 and press [enter].

```
Example Screen #3a
TERM:    VTPXU214  DATE: 06/06/05  HELP: 937-235-7500    NETWORK-ID: DAYTON1
 LOGMODE: T3278M4E  TIME: 18:29:34  SEC:  972-605-3720    HOST:      DYGNN1A
 NO..MNEMONIC..SITE.....APPLICATION/DESCRIPTION.........HOURS...................
 01  EECE5     PLIPC3G  CICS PROD ---- E5              0600/1800
 02
 03
 04
 05
 06
 07
 08
 09
 10
 11
 12
 13
 14
 15
 16
 17
 **************************    SELECTION SCREEN    **************************
 PLEASE ENTER SELECTION BELOW, PF1 FOR HELP OR PF3 TO LOGOFF       PAGE=ONLY

  SELECTION=> 1
```

5. When the Welcome Screen displays (Example Screen #4) type WSSI over the word
    WELCOME at the top left of the screen and press [enter].

Example Screen #4

```
WSSIOME TO CICS 4.1.0 DRC2 – OLSCIPE5


         E A E C I C E 5   MVS/ESA          SP5.2.2  M9021   C I C S  4.1.0
         NETNAME: TDYAAGS9 TERMINAL: #B2J   DATE: 06/06/05   TIME: 15:34:02


             CCCCCCCCCC   PPPPPPPPPPP   EEEEEEEEEEEE  555555555555
           CCCCCCCCCCCC  PPPPPPPPPPPP   EEEEEEEEEEE  555555555555
          CC         CC  PP        PP  EE              55
         CC              PP        PP  EE              55
        CC               PP        PP  EE              55
       CC                PPPPPPPPPPPP  EEEEEEE      555555555
      CC                 PPPPPPPPPPP   EEEEEEE      5555555555
      CC             PP              EE                      55
     CC              PP              EE                      55
    CC          CC  PP               EE                      55
   CCCCCCCCCCCC  PP               EEEEEEEEEEEE  555555555555
   CCCCCCCCCC    PP               EEEEEEEEEEEE  55555555555


 KEY IN TRANSACTION CODE AND PRESS ENTER


 DFH3504I SIGN ON COMPLETE
```

---

6. The Wisconsin WSSI Online Menu will display (Example Screen #5). Enter data on the following fields: Sys Action and Key. Do not press [enter] until both fields have been completed.

SYS ACTION: Enter the screen type EN, E1, E2, E3 or SP.

KEY: Press the space bar and then enter to bring up the desired screen or enter the reference number (e.g., recipient name or Social Security number) necessary for the particular screen you want to view. For example, in order to view the recipient SSI eligibility information found on the E1 screen, enter the recipient's Social Security number and press enter.

```
Example Screen #5
                          WISCONSIN WSSI ONLINE MENU

 SYS ACTION    MSG ALL SYSTEM ACTIONS DISPLAYED

 KEY
   WELCOME TO WISCONSIN'S ON-LINE PROCESSING FUNCTIONS.  TO ACCESS THE
   SCREEN YOU WANT TO USE, KEY THE REQUESTED INFORMATION IN THE ABOVE
   FIELDS AND HIT THE 'ENTER' KEY.  TO PAGE THROUGH THE MENU OF AVAILABLE
   SYSTEM ACTIONS, HIT PFK4 TO PAGE FORWARD AND PFK5 TO PAGE BACK.

 SYS ACTION   RESULTING SCREEN         SYS ACTION   RESULTING SCREEN
 -------------------------------------------------------------------
    E1     ELIGIBILITY SCREEN #1        E2     ELIGIBILITY SCREEN #2
    EN     ELIGIBILITY NAMES SCREEN     SP     FINANCIAL INQUIRY SCREEN
    SR     FINANCIAL TRANSACTIONS       E3     CSUPP ELIGIBILITY SCREEN
    E4     CSUPP RETRO PAYMNT SCREEN    E5     PURGED RETRO PYMNT SCREEN




     DATE: 060605          JULIAN DATE: 05157          TIME: 13:38:53
```

Logoff Procedures

1. From any screen press the PF1 key.
2. "Wisconsin" appears on this screen. Enter LOGOFF over WSSI at the top, left of the screen.
3. At this point you will be back to the Menumgr selection screen.

PF Keys

PF Keys function the same within the WSSI system as they do in WIOL.

State SSI and CTS Information

WSSI Mnemonic Inquiry Screen (EN)

The EN screen provides an alternative source for identifying recipients by searching using the individual's name instead of Social Security Number (SSN). The Mnemonic Inquiry screen provides the capability to determine a recipient's SSN with only basic information, such as full name and sex. Indicating at date of birth allows for a more precise mnemonic search.

```
                        WSSI MNEMONIC INQUIRY SCREEN

SYS ACTION EN MSG PRESS PF4 TO PAGE FORWARD

SEX M   FIRST NAME WI    LAST NAME WHITE          DOB

       SSN          NAME (FIRST, M.I., LAST)              DOB

   555555555     WILFRED   G WHITE                    07201912
   395395395     WILIRIAN  P WHITE                    12061999
   444444444     WILL        WHITE                    08021939
   313313313     WILLIAM     WHITE                    04111938
   333333333     WILLIAM     WHITE                    02151949
   394394394     WILLIAM   D WHITE                    03081993
   222222222     WILLIAM   E WHITE                    09071925
   404404404     WILLIAM   E WHITE                    10221970
   393393393     WILLIAM   G WHITE                    02111936
   666666666     WILLIAM   J WHITE                    05221990
   393398398     WILLIAM   J WHITE                    02251950
   427427427     WILLIAM   K WHITE                    02141942
   111111111     WILLIAM   L WHITE                    10301963
   388388388     WILLIAM   L WHITE                    06271959


     PAGE:   1                  DATE: 110901    TIME: 06:43:30
```

Required Fields:

SEX = Enter "M" for male or "F" for female.

FIRST NAME = First *two* letters of the recipient's first name. Two letters must be used, not just one.

LAST NAME = The last name of the recipient. A minimum of five letters must be entered for names with five or more characters. The system will display all recipients with names meeting the first name, sex and same five letters of the last name.

> **Example:** If SMITH is entered, the system may display SMITH, SMITHEY, SMITHBANK, etc.

Select Option

The select options fields allows you to limit the data displayed on an online screen to information that meets specific criteria. The following option is available on the EN screen:

DOB = The recipient's date of birth is entered in MM/DD/CCYY format.

> **Note:** It sometimes is better to enter the minimum required information so that more recipients meeting the criteria are shown. For instance, if the full last name is entered, a selection with Jr or Sr may not be displayed. If DOB is entered and is different than what is on WSSI, the recipient you are looking for will not be displayed.

Displayed Recipient Information

Recipients matching the information entered in the previous fields are displayed.

SSN = Recipient's Social Security Number. If the recipient has two separate files under different SSN's, both will appear.

> **Function of PF7 key:** The PF7 key can be used when doing a search by name on the Mnemonic Inquiry screen (EN). When a recipient is identified for which additional information is desired, change the system action code to E1 or E2, move the cursor to that recipient's line of information and press PF7. The desired screen with that individual's information will be displayed.

Name = Recipient's current full name. The system will display all recipients matching the selected criteria.

DOB = The recipient's date of birth is displayed on this field.

WSSI Eligibility Screen (E1)

The E1 screen is used when viewing the recipient's eligibility information.

```
DATE: 05157                SSI ELIGIBILITY SCREEN 1          TIME: 14:51:16


 SYS ACTION E1 MSG ALL DATA DISPLAYED


 SSN: 010101010   ACTION: I           LAST CHANGE: 06012005 ADD DATE: 10081997


 LAST: BALERMENT              FIRST: KATHLEN    MI: M   HIC NUM:

 MAIL ADDR1: FAMILY SERV ASSOC FOR            START STREET ADDR: 3
 MAIL ADDR2: KATHLEN M BALERMENT              START RECIP NAME : 2
 MAIL ADDR3: 193 N 18 ST                      ZIP: 53001 2222
 MAIL ADDR4: ANYTOWN                 WI       TELEPHONE: 9204553454
 MAIL ADDR5:                                  DOB: 01051982   SEX: F
 MAIL ADDR6:                                  DOD: 00000000   DEATH CODE: 0


 RES ADDR1: 1500 BRAND ST                 AUTH 1:
 RES ADDR2: ANYTOWN              WI       AUTH 2:
 RES ADDR3:
 RES ADDR4:
 RES ADDR5:                                  ZIP: 53027

 GDFATHERED: N   CAT CODE: D   COMP CODE: B   TYPE CODE: I   MARITAL STATUS: 3
 DO CODE: 543 TYPE PAYEE: AGY PAYEE DATE: 01092001 REC ID: I APP DATE: 07011997

 DENY CODE:     DENY DATE: 00000000 OPTIONAL ELIG DATE: 10012004 TRANS CODE: 06
 APPEAL DEC CD:    APPEAL DEC DT: 00000000 APPEAL CODE:   APPEAL DATE: 00000000

 ACCOUNT TYPE: C   BANK NUM: 075912615   EFT NUM: 106788

 ESS PERSON: 0   ELIG SPOUSE PARENT SSN: 000000000   ALT SSN: 000000000

 COMMENT: NO COMMENTS FOR THIS RECIPIENT.




        SURV03:             SURV04:              CS: Y
```

Required Fields:

SSN = Enter the recipient's nine-digit social security number and hit enter. The current information on the recipient should appear on file. If no SSN is entered, a message will appear in the MSG field telling the user "SSN MUST BE ENTERED". If an invalid SSN is entered, the message "SSN RECORD IS NOT ON MASTER FILE" will appear. After the SSN has been entered for the recipient in question the system will plug all fields with the current information that we have on file for that recipient.

Displayed Information:

LAST = Recipient's Last Name.

FIRST= Recipient's First Name.

MI = Recipient's first initial of their middle Name.

HIC NUM = Recipient's Medicare Number, if applicable.

DOB = Recipient's Date of Birth in the format of MMDDCCYY.

DOD = Recipient's Date of Death in the format of MMDDCCYY.

GDFATHERED = This field indicates that either the recipient is grandfathered into the State SSI program and is eligible for state only benefits or is a State/Federal SSI recipient and is eligible for state and federal benefits. Valid indicators are Y-Grandfathered recipient or N-State/federal recipient.

CS =This field indicates whether a Caretaker Supplement (CTS) payment has ever been made to the recipient. The valid indicators are:

- Y indicates that a CTS payment exists on SP
- Blank indicates that there is no CTS payment on the SP screen

WSSI Recipient Screen (E2)

The E2 screen is used when viewing the recipient's payment information.

```
DATE: 05157                 SSI ELIGIBILITY SCREEN 2              TIME: 14:54:17

 SYS ACTION E2 MSG ALL DATA DISPLAYED.

 SSN: 010101010   ACTION: I         MMYYYY: 062005  THROUGH MMYYYY: 062005
 LAST: BALERMENT                FIRST: KATHLEN      MI: M   LAST CHANGE: 06012005


 STATE ONLY: N       RETRO IND: N      DETAIL TYPE: D   CHECK CASHED: N
 STATE ORIGINAL AMOUNT :   17977     STATE PAID AMOUNT   :    17977
 FEDERAL GROSS AMOUNT  :   57900     FEDERAL PAID AMOUNT :    56900


 MCAID ELIG CODE: Y   PAYMENT STATUS: C01   FED LIVING: A   STATE LIVING: E
 JURISDICTION: STATE: 52  COUNTY: 66    A/R:      VOID/STOP PAY:


  SSI-E: Y CERT: 02012000 DECERT: 00000000 SSI-E AMT:  9599


 NET COUNTABLE EARN INCOME:     000 NET COUNTABLE UNEARNED INCOME:     000
 EARN INCOME WAGE ESTIMATE:     000 NET SELF EMPLOYMENT ESTIMATE :     000

                      RECIPIENT UNEARNED INCOME INFORMATION
            TYPE    AMOUNT   FREQUENCY   CLAIM ID NUMBER   VALID CODE










                      INELIGIBLE PARENT/SPOUSE INFORMATION
  IND1 :                              IND2 :
  NAME1:                              NAME2:
  SSN1 :                              SSN2 :
  CAN1 :                              CAN2 :
  WIN1 :                              WIN2 :
  WAGE1:         SELF1:               WAGE2:         SELF2:
       UNEARNED INCOME 1                      UNEARNED INCOME 2
  TYPE        AMOUNT      FREQUENCY   TYPE         AMOUNT      FREQUENCY
```

REQUIRED FIELDS:

SSN = Enter the recipient's nine-digit social security number and hit enter. The current information on the recipient should appear on file. If no SSN is entered, a message will appear in the MSG field telling the user "SSN MUST BE ENTERED". If an invalid SSN is entered, the message "SSN RECORD IS NOT ON MASTER FILE" will appear.

DISPLAYED INFORMATION:

MMYYYY = This field displays the current month payment information in MMYYYY format (month, century, year). To view past or future months you must indicate the appropriate month and year in this field.

LAST = The recipient's last name is displayed in this field.

FIRST = The recipient's first name is displayed in this field.

STATE ONLY = This field indicates what type of SSI payments were received. The valid indicators are as follows:
- Y=The recipient received only the State SSI payment.
- N=The recipient received both State and Federal SSI payments.
- B=The recipient receives MA only as a State Only 1619b recipient.

STATE ORIGINAL AMOUNT = This field indicates the State SSI Payment rate.

STATE PAID AMOUNT = This field indicates the amount of State SSI paid to the recipient.

FEDERAL GROSS AMOUNT = This field indicates the amount of Allowed Federal SSI.

FEDERAL PAID AMOUNT = This field indicates the amount of Federal SSI paid to the recipient.

E-SUPPLEMENT INDICATOR = This field indicates if the recipient is receiving the Exceptional Supplement (E-Supp) benefit. The valid indicators are as follows:
- Y   The recipient is approved for SSI-E
- N or Blank   The recipient is not approved for SSI-E

E-SUPPLEMENT PAYMENT AMOUNT = This field indicates the actual payment amount of SSI-E.

WSSI Caretaker Supplement Eligibility (E3)

The E3 screen is used to locate information regarding Caretaker Supplemental (CTS) payment.

```
DATE: 06062005     CARETAKER SUPPLEMENT ELIGIBILITY SCREEN     TIME: 15:00:41

 SYS ACTION E3 MSG ALL DATA DISPLAYED

 C1 SSN: 010101010      ACTION: I                          MMYYYY: 062005
 C1 LAST: BALERMENT           FIRST: KATHLEN        C1 ERR:
 C-SUPP PAID AMT:   25000        LAST CHANGE: 05192005     CASE NO: 8110142885

                       C-SUPP CHILDREN INFORMATION

 CHILD SSN    LAST            FIRST       DOB       PD AMT     RETRO DT   ERR
 RS1  RS2  RS3    PS    GF  MA DT    C2 SSN      LAST              FIRST

 364871110     BUTTER          TONYA     03272002    25000
              C01
```

C1 SSN = This field is assigned to the SSI recipient who is eligible for CTS dollars and is referred to as the Caretaker1. Enter the Caretaker1 Social Security Number and hit enter. The current CTS payment month information on the Caretaker should appear on file. If no CTS payment history is found the message, CARETAKER AND MONTH COMBINATION NOT FOUND will appear. When entering an invalid SSN, the message INVALID SSN NUMBER – PLEASE TRY AGAIN will appear. After entering a correct C1 SSN and hitting ENTER, the cursor will return to this field.

MMYYYY = This field displays the current CTS eligibility and payment information in MM-Month and YYYY Year format (i.e., 062005). To view payment information, desired month and year must be entered in this field.

C1 LAST = This field is the Caretaker's last name.

FIRST = This field is the Caretaker's first name.

C1 ERR = This field will display any header edits that may have set for one or more of the reporting CTS children in the detail month. C! relates to the first caretaker in the case. The only edit to be displayed for the caretaker is:
C08 – Caretaker 1 SSN does not reside on the EDS SSI Eligibility Master File. This will prevent payments from being issued.

C-SUPP PAID AMT = This field is the total sum of CTS dollars paid the Caretaker for the detail month. The dollars include CTS money paid on the monthly cycle and any additional CTS money paid on the weekly cycle.

CASE NO = This is the CARES case number.

C-SUPP CHILDREN INFORMATION = These fields are the CTS children's payment data for a particular month.

PD AMT = This field is the CTS child's payment amount for the requested detail month and year.

RETRO DT = This field indicates the first date of a retro payment. If the field is blank it indicates that no retro payment has been made.

ERR = This field displays any edits indicating the reason that the CTS payment failed for a particular CTS child. The error codes are as follows:
C07 – SSI was not paid to the caretaker, so CTS failed.
C11 – Child received SSI.

WSSI Financial Screen (SP)

The SP screen is used to view the cash and financial transactions that have occurred during the weekly and monthly payment cycles.

```
            SSI FINANCIAL PROVIDER NUMBER SEARCH              060605
                                                             15:20:01
SYS ACTION SP MSG MORE RECORDS:   PF4=PAGE FORWARD; PF5=PAGE BACKWARD
SELECT OPTIONS: SSNUM 010101010  RNAM BALERMENT      TYPE B
SSN  FIN INFO: TOTAL OUT BALANCE          $0.00


CCN          SET-UP     SET-UP         APPLIED    BALANCE AMOUNT  DATE STAT
             DATE       AMOUNT         AMOUNT       CHECK NUM     PYMT STAT
2004904643727 030104     $429.77                                 021804 10
                                                    904643727       C01 CS
2004904587695 013004     $429.77                                 012104 10
                                                    904587695       C01 CS
2003904532008 123103     $429.77                                 121803 10
                                                    904532008       C01 CS
2003904476548 120103     $429.77                                 111903 10
                                                    904476548       C01 CS
2003904421562 103103     $679.77                                 102203 10
                                                    904421562       C01 CS
2003904367150 100103     $179.77                                 092403 10
                                                    904367150       C01
2003904312655 082903     $429.77                                 082003 10
                                                    904312655       C01 CS
2003904258578 080103     $429.77                                 072303 10
                                                    904258578       C01 CS
2003904204341 070103     $429.77                                 061903 10
                                                    904204341       C01 CS
2003904149912 053003     $429.77                                 052103 10
                                                    904149912       C01 CS
2003904096329 050103     $429.77                                 042303 10
                                                    904096329       C01 CS
2003904042661 040103     $429.77                                 032103 10
                                                    904042661       C01 CS
2003903989184 022803     $429.77                                 021903 10
                                                    903989184       C01 CS
2003903987488 021203     $250.00                                 021203 10
                                                    903987488       C01 CS
2003903935982 013103     $679.77                                 012203 10
                                                    903935982       C01 CS
```

Note: If "SP" is applied in the System Action Code field from the E1 or E2 screens, it will not be necessary to re-enter the recipient's Social Security Number. If payments have been issued to the recipient, they will appear in descending order based on the Setup Date. It may be necessary to page forward (PF4) or backward (PF5). If no payments have been issued to the recipient, the online message "RECS NOT FOUND FOR SSN, TYPE COMBO" will appear.

SSNUM = The social security number of the recipient is autopopulated from the E1 or E2 screen.

RNAM = The recipient's last name is autopopulated from the E1 or E2 screen.

TYPE = The worker must enter the type of transaction, "**B**" (Bank Reconciliation) and press enter to display data.

SET-UP DATE = This field indicates the date of that is printed on the check, the process date of a direct deposit (EFT) or the Account Receivable/Cash Receipts set-up date.

SET-UP AMOUNT = This field indicates the amount of the payment. The amount includes the entire State SSI payment (State SSI Payment, SSI-E, and CTS.)

DATE = The date that EDS processed the payment following the most recent CARES/EDS interface date.

STAT = This field indicates the Bank Status Code. The valid indicators are as follows:

01 = Outstanding paper check	09 = Stop Pay
02 = Cleared (Cashed)	**10 = EFT payment**
03 = Void due to postal return (paper)	11 = Void due to ACH return (EFT)
04 = Awaiting Reissue	12 = Void due to nursing home admit
05 = Reissued	13 = Void due to SSI overpayment
06 = Staledated	14 = Void due to C-Supp overpayment
07 = Manual Check	15 = Void due to death
08 = Staledate Cashed	16 = Void miscellaneous (out-of-state, payee change)

PYMT STAT = This field indicates the Federal SSI payment status at the time the payment was processed. (i.e. C01 represents a current payment status.)

Note: A 'CS' to the right of the payment status, indicates a Caretaker Supplement payment has been made or included in with the SSI payment. A recipient who is not receiving CTS would have this area blank.

Appendix

Appendix 1 – Medicaid Remaining Deductible Update (Form HCF 10109) and Instructions

Appendix 2 – Medical Status Codes

Appendix 3 – Abbreviations/Terms

Appendix 4 – Certifying County Codes and Names

Appendix 5 – W-2 Certifying Agency Codes

Appendix 6 – MCP Codes and Description

Appendix 7 – Buy-In Eligibility Codes

MEDICAID REMAINING DEDUCTIBLE UPDATE

SECTION I – AGENCY INFORMATION

1. Agency Name	2. Agency Number	3. Worker ID

SECTION II – APPLICANT INFORMATION

4. Applicant's Name (Last, First, MI)	5. Medicaid ID Number

6. Address (Street, City, State, Zip Code)

SECTION III – GENERAL INFORMATION

7. Date of Service (mm/dd/yy)	8. Provider Number	9. Applicant's Share

10. Amendment for Previous Form ☐ Yes ☐ No	11. Previous Form Date (mm/dd/yy)

12. Comments (attach a separate sheet if necessary

SECTION IV – SIGNATURE

13. **SIGNATURE** – Agency Director of Designee	Date Signed

General Instructions

This form should only be used if:
1. The last bill, used to meet the deductible can be considered for partial Medicaid payment of that bill, and
2. The person who is being certified for Medicaid incurred the bill.

Worker Instructions

Form Completion

Section I – Agency Information

1. **Agency Name**
   Enter the name of your agency.

2. **Agency Number**
   Enter your agency's three-digit code number.

3. **Worker ID**
   Enter your six-digit worker ID number.

Section II – Applicant Information

4. **Applicant Name**
   Enter the applicant's name (last, first, middle initial).

5. **Medicaid ID Number**
   Enter the current Medicaid number for the applicant whose bill is being used to determine if s/he has met the deductible. Note: Only the applicant's bills can be used for the remaining deductible, no other family member.

6. **Address**
   Enter the applicant's street address, city, state, and zip code.

Section III – General Information
7. **Date of Service**
   Enter the date of service which is also the date the deductible was met. This is the same as the date of service on the bill used to meet the deductible.

8. **Provider Number**
   Enter the 8 digit provider number of the provider whose bill is being used by the applicant to determine if s/he met the deductible. Provider numbers are found on the MMIS PM screen.
9. **Applicant's Share**
   Enter the amount the applicant is responsible to pay on this bill.

10. **Amendment for Previous Form**
    Check "Yes" if this is an amendment to a previous form. Check "No" if this is not an amendment to a previous form.

11. **Previous Form Date**
    If you checked "Yes" an amendment to a previous form, enter the date of the previous form submitted.

12. **Comments**
    Enter any comments

Section IV – Signature
13. **Signature**
    The agency director or designee's name must be indicated in this field.

Form Routing

1. Send the white copy to EDS. Complete this form the same day you have completed processing the deductible in CARES. Too long a gap between the time the certification is done and the time this form is keyed by EDS could mean that the entire amount of the bill would be paid if the bill is submitted by the provider. Eligibility is sent from CARES to EDS when the deductible is met.

Note: The CEF 10109 form can also be sent to EDS via e-mail. The e-mail address is eds_3070@dhfs.state.wi.us (there is an underscore (_) between the "s" and the "3"). Do not send a paper CEF 10109 to EDS if you already have sent it via e-mail. EDS will print out the electronic CEF 10109's throughout the day. A reply e-mail will not be sent by EDS when the electronic CEF 10109 is received. Once the CEF 10109 reaches EDS, it will go through normal processing.

2. Send the yellow copy to the provider whose bill met the deductible. The back of the form tells the provider how to bill, and explains the exact meaning of the information on the front of the form.

3. File the pink copy in your case file. Retain the form for three years.

Medical Status Codes

MSH	MA Subprogram	Med Stat	Description	Source
1	Waivers	M6	MAPP, waivers, to 150% no premium	CARES
1	Waivers	M8	MAPP brain injury waiver, to 150%, no premium	CARES
1	Waivers	W2	CIP 2, no $, cat ndy	CARES
1	Waivers	W3	SSI/Waiver, aged	CARES
1	Waivers	W4	SSI/Waiver, blind	CARES
1	Waivers	W5	SSI/Waiver, disabled	CARES
1	Waivers	W6	SSI/Waiver, 1619(a)(b)	CARES
1	Waivers	WA	CIP IA, no $, cat ndy	CARES
1	Waivers	WB	CIP IB, no $, cat ndy	CARES
1	Waivers	WC	CSLA, cat ndy	CARES
1	Waivers	WI	Brain Injury Waiver	CARES
1	Waivers	WP	Pace Program Waiver	CARES
1	Waivers	WR	Partnership Program Waiver	CARES
1	Waivers	WW	Cop Waiver, no $, cat ndy	CARES
2	MAPP, waviers premium payers	M5	MAPP, waivers, to 150% premium	CARES
2	MAPP, waviers premium payers	M7	MAPP, brain injury waiver, >150%, premium	CARES
3	SSI Nursing Home	09	SSI, institutionalized, $, cat ndy	SDX
3	SSI Nursing Home	17	SSI, institutionalized, blind, $, cat ndy	SDX
3	SSI Nursing Home	28	SSI, institutionalized, disabled, $, cat ndy	SDX
3	SSI Nursing Home	ZN	SSI, Zebley, disabled, institutionalized, $, cat ndy	SDX
4	MA Institutions, Cat Ndy, Protected	07	503, institutionalized, no $, cat ndy	CARES
4	MA Institutions, Cat Ndy, Protected	DN	Disabled Adult Child (DAC), institutionalized, no $, cat ndy	CARES
4	MA Institutions, Cat Ndy, Protected	L2	Widow/widower I, institutionalized, cat ndy	CARES
4	MA Institutions, Cat Ndy, Protected	L4	Widow/widower II, institutionalized, cat ndy	CARES
5	MA Institutions, Cat Ndy	03	Aged, institutionalized, no $, cat ndy	CARES
5	MA Institutions, Cat Ndy	13	Blind, institutionalized, no $, cat ndy	CARES
5	MA Institutions, Cat Ndy	25	Disabled, institutionalized, no $, cat ndy	CARES
5	MA Institutions, Cat Ndy	43	IMD, <21, no $, cat ndy	CARES
5	MA Institutions, Cat	47	IMD, <21, no $, med ndy	CARES

	Ndy			
5	MA Institutions, Cat Ndy	49	AFDC-rel'd, institutionalized, no $, cat ndy	CARES
5	MA Institutions, Cat Ndy	52	AFDC-rel'd, institutionalized, no $, med ndy	CARES
5	MA Institutions, Cat Ndy	M9	MAPP, institutionalized, <150%, no premium	CARES
6	MA Institutions, Med Ndy, Protected	6C	503, institutionalized, no $, med ndy	CARES
6	MA Institutions, Med Ndy, Protected	6D	Disable Adult Child (DAC), institutionalized, no $, med ndy	CARES
6	MA, Institutions, Med Ndy, Protected	L6	Widow/widower I, institutionalized, med ndy	CARES
6	MA Institutions, Med Ndy, Protected	L8	Widow/widower II, institutionalized, med ndy	CARES
7	MA Institutions, Med Ndy	06	Aged, med ndy	CARES
7	MA Institutions, Med Ndy	16	Blind, med ndy	CARES
7	MA Institutions, Med Ndy	26	Disabled, med ndy	CARES
7	MAPP, Nh	MP	MAPP, institutionalized, >150%, premium	CARES
8	SSI	01	SSI, aged	SDX
8	SSI	02	SSI, Aged, PL	SDX
8	SSI	08	SSI, blind, cat ndy, FC	SDX
8	SSI	11	SSI, blind, cat ndy	SDX
8	SSI	12	SSI, blind, cat ndy, PL	SDX
8	SSI	18	SSI, disabled, cat ndy, FC	SDX
8	SSI	19	SSI, disabled, cat ndy	SDX
8	SSI	20	SSI, essential person	SDX
8	SSI	21	SSI, disabled, cat ndy	SDX
8	SSI	24	SSI, cat ndy, PL	SDX
8	SSI	ZZ	Zebley children	SDX
9	Katie Beckett	30	Disabled child, Katie Becket Program, cat ndy	DSL, manual
10	Subsidized Adoption	56	Subsidized Adoption, cat ndy	DCFS, WiSACWIS
10	Subsidized Adoption	57	Subsidized Adoption, institutionalized, cat ndy	DCFS, WiSACWIS
10	Sub. Adoption-100% State Funded	SA	Subsidized adoption, compact state agreement, cat ndy	DCFS
11	Foster Care	33	Foster care, $, cat ndy	DCFS+Co WiSACWIS/manual

11	Foster Care	34	Foster care, $, GPR-only, cat ndy	DCFS+C0-WiSACWIS/manual
11	Foster Care	35	CCI foster care, $, cat ndy	DCFS+C0-WiSACWIS/manual
11	Foster Care	36	CCI foster care, $, GPR only, cat ndy	DCFS+C0-WiSACWIS/manual
11	Foster Care	37	Foster care, special needs, no $, cat ndy	DCFS+C0-WiSACWIS/manual
11	Foster Care	44	CCI foster care, chapter 328, $, cat ndy	County - manual
11	Foster Care	45	Foster care, chapter 328, $, cat ndy	County - manual
11	Foster Care	51	Foster care, corrections, $, cat ndy	DJC - manual
11	Foster Care	53	Foster care, institutionalized, $, cat ndy	County - manual
11	Foster Care	54	Foster care, institutionalized, $, cat ndy, GPR only	County - manual
11	Foster Care	55	Foster care, spec needs, institutionalized, $, cat ndy	County - manual
11	Foster Care	58	Foster care, institutionalized, chapter 328, $, cat ndy	County - manual
11	Foster Care	59	Foster care, corrections, no $, cat ndy	DJC - manual
11	Foster Care	61	Foster care, corrections, institutionalized, $, cat ndy	DJC - manual
11	Foster Care	62	Foster care, corrections, institutionalized, no $, cat ndy	DJC - manual
11	Foster Care	63	CCI foster care, NH, $, cat ndy	County - manual
11	Foster Care	64	CCI foster care, NH, $, GPR only, cat ndy	County - manual
11	Foster Care	67	CCI foster care, NH, chapter 328, $, cat ndy	County - manual
11	Subsidized Guardianship Waiver	KC	SGWP for Foster Children, cat ndy	DCFS - WiSACWIS (pending)/manual
12	SSI-related, Cat Ndy	04	Aged, no $, cat ndy	CARES
12	SSI-related, Med Ndy	05	Aged, no $, med ndy	CARES
12	SSI-related, Cat Ndy, Protected	10	503, no $, cat ndy	CARES
12	SSI-related, Cat Ndy	14	Blind, no $, cat ndy	CARES
12	SSI-related, Med Ndy	15	Blind, no $, med ndy	CARES
12	SSI-related, Cat Ndy	22	Disabled, no $, cat ndy	CARES
12	SSI-related, Med Ndy	23	Disabled, no $, med ndy	CARES
12	AFDC MA	31	AFDC regular, cat ndy	CARES
12	AFDC MA	32	AFDC-U, cat ndy	CARES

12	AFDC-related, Cat Ndy	38	AFDC, cat ndy	CARES
12	AFDC-related, Med Ndy	39	AFDC, med ndy	CARES
12	Other Cat Needy	40	Child < 21, DD center, $, cat ndy	County - manual
12	Other Cat Needy	41	Child < 21, DD center, no $, cat ndy	County - manual
12	Other Cat Needy	42	Child < 21, DD center, no $, med ndy	County - manual
12	Other Cat Needy	46	Child < 21, IMD, $, cat ndy	County - manual
12	Other Cat Needy	48	AFDC, institutionalized, $, cat ndy	County - manual
12	Other Cat Needy	50	AFDC, institutionalized, no $, cat ndy	County - manual
12	AFDC MA	65	Refugee, AFDC, $, cat ndy	CARES
12	Refugees, No DOH Funding	66	Refugee, AFDC-rel'd, no $	County - manual
12	Refugees, No DOH Funding	68	Refugee, AFDC, institutionalized, $	County - manual
12	Refugees, No DOH Funding	69	Refugee, institutionalized, no $, cat ndy	County - manual
12	Refugees, Occasional DOH Funding	76	Cuban children, no T19, RMAP, no $	County - manual
12	Refugees, Occasional DOH Funding	77	Cuban/Haitian, no T19, RMAP, RCA $	County - manual
12	Other Cat Needy	78	Cuban/Haitian, no T19, RMAP, no $	County - manual
12	AFDC MA	79	Cuban/Haitian, AFDC, $, cat ndy	CARES
12	AFDC-related, Cat Ndy	80	Cuban/Haitian, AFDC-related, no $, cat ndy	CARES
12	Other Cat Needy	81	Cuban/Haitian, AFDC-related, RCA $	County - manual
12	Refugees, Occasional DOH Funding	82	Cuban/Haitian children, institutionalized, no T19, RMAP, no $	County - manual
12	Refugees, Occasional DOH Funding	83	Cuban/Haitian, institutionalized, RCA $	County - manual
12	Other Cat Needy	84	Cuban/Haitian, institutionalized, no T19, RMAP, no $	County - manual
12	Refugees, No DOH Funding	85	Cuban/Haitian, institutionalized, AFDC, $, cat ndy	County - manual
12	Refugees, No DOH Funding	86	Cuban/Haitian, institutionalized, no $, cat ndy	County - manual
12	Refugees, No DOH Funding	87	Cuban/Haitian, institutionalized, RCA $	County - manual
12	Refugees, Occasional DOH Funding	88	Refugee, no T19, RMAP, no $	County - manual
12	Refugees, Occasional DOH Funding	89	Refugee, institutionalized, no T19, RMAP, no $	County - manual
12	AFDC-related, Cat Ndy	95	Pregnant woman, intact family, no $, cat ndy	CARES
12	SSI-related, Med Ndy,	5C	503, no $, med ndy	CARES

	Protected			
12	SSI-related, Med Ndy, Protected	5D	Disabled Adult Child (DAC), no $, med ndy	CARES
12	Other Cat Needy	A1	IRCA - ABD or under 18	County - manual
12	AFDC-related, Med Ndy	A2	IRCA - ABD, under 18	County - manual
12	AFDC-related, Cat Ndy	A3	IRCA preg, reg	CARES
12	Healthy Start, Med Ndy	A4	IRCA, med, ndy, HS preg	CARES
12	AFDC-related, Cat Ndy	A5	IRCA preg, AU	CARES
12	Healthy Start, Cat Ndy	A6	IRCA preg, HS	CARES
12	Healthy Start, Cat Ndy	A7	IRCA preg. Preg ext	CARES
12	Healthy Start, Med Ndy	A8	IRCA med ndy, pw ext	CARES
12	AFDC MA	AC	Child Welfare Parent, AFDC, no $, cat ndy	County - manual
12	SSI-related, Med Ndy, Deductible	AD	Aged, no $, med ndy, deductible	CARES
12	AFDC-related, Cat Ndy	AM	Child Welfare Parent, AFDC-related, no $, cat ndy	County - manual
12	BadgerCare	B1	BC Child, >100% to 150%	CARES
12	BadgerCare - premium payers	B2	BC Child, >150% to 185%, premium	CARES
12	BadgerCare - premium payers	B3	BC Child, >185% to 200%, premium	CARES
12	BadgerCare	B4	BC Adult, >100% to 150%	CARES
12	BadgerCare - premium payers	B5	BC Adult, > 150% to 185%, premium	CARES
12	BadgerCare - premium payers	B6	BC Adult, >185% to 200%, premium	CARES
12	SSI-related, Med Ndy, Deductible	BD	Blind, no $, med ndy, deductible	CARES
12	Well Woman	CB	Well Woman	County - manual
12	Healthy Start, Cat Ndy	CC	Child, < 6, 133%, no $, cat ndy	CARES
12	Healthy Start, Med Ndy, Deductible	CD	Child < 2, 185%, no $, med ndy, deductible	CARES
12	Healthy Start, Med Ndy	CM	Child, age 2 - 6, 155%, no $, med ndy	CARES
12	SSI-related, Cat Ndy, Protected	DC	Disabled Adult Child (DAC), no $, cat ndy	CARES
12	SSI-related, Med Ndy, Deductible	DD	Disabled, no $, med ndy, deductible	CARES
12	MA Extensions	E2	4 mo. child support extension, no $, cat	CARES

12			ndy	
12	Healthy Start, Cat Ndy	E3	60 day end of pregnancy extension, cat ndy	CARES
12	Healthy Start, Med Ndy	E4	60 day end of pregnancy extension, med ndy	CARES
12	BC Prenatal	F1	Pregnant Immigrant – to 100% FPL	CARES
12	BC Prenatal	F2	Pregnant Immigrant - > 100% to 150% FPL	CARES
12	BC Prenatal	F3	Pregnant Immigrant - > 150% to 185% FPL	CARES
12	BC Prenatal	F4	Pregnant Immigrant - > 185% to 200% FPL	CARES
12	BC Prenatal	F5	Pregnant Inmate - to 100% FPL	CARES
12	BC Prenatal	F6	Pregnant Inmate - > 100% to 150% FPL	CARES
12	BC Prenatal	F7	Pregnant Inmate - > 150% to 185% FPL	CARES
12	BC Prenatal	F8	Pregnant Inmate - > 185% to 200% FPL	CARES
12	Family Planning Services	FS	Family Planning Services	CARES
12	Healthy Start, Cat Ndy	GC	Child, DOB > 9/30/83, 100%, no $, cat ndy	CARES
12	Healthy Start, Cat Ndy	GE	Child, < 19, DOB < 10/83, 100%, no $, cat ndy	CARES
12	BadgerCare	GP	BC adult, 100%	CARES
12	Healthy Start, Med Ndy, Deductible	HD	Child, age 2 - 6, no $, med ndy, deductible	CARES
12	Other Cat Needy	IC	IMD, on leave	County - manual
12	MA Institutions, Med Ndy	IM	IMD, on leave, med ndy	County - manual
12	SSI-related, Cat Ndy, Protected	L1	Widow/widower I, cat ndy	CARES
12	SSI-related, Cat Ndy, Protected	L3	Widow/widower II, cat ndy	CARES
12	SSI-related, Med Ndy, Protected	L5	Widow/widower I, med ndy	CARES
12	SSI-related, Med Ndy, Protected	L7	Widow/widower II, med ndy	CARES
12	AFDC-related, Cat Ndy	M1	Migrant w/MA from out of state	CARES
12	AFDC-related, Med Ndy	M2	Migrant w/MA from out of sate	CARES
12	MAP, premium	M3	MAPP > 150%	CARES
12	MAP, no premium	M4	MAPP, to 150%, no premium	CARES
12	AFDC-related, Med Ndy, Deductible	MD	AFDC related, no $, deductible	CARES
12	MA Newborn, Cat Ndy	N1	Continuously eligible newborn (CEN), no	CARES

			$, cat ndy	
12	MA Newborn, Med Ndy	N2	Continuously eligible newborn (CEN), no $, med ndy	CARES
12	Healthy Start, Med Ndy	P1	Pregnant woman, 185%, no $, med ndy	CARES
12	Healthy Start, Med Ndy	PC	Child < 2, 155%, no $, med ndy	CARES
12	Healthy Start, Med Ndy, Deductible	PD	Pregnant woman, intact family, no $, med ndy, deductible	CARES
12	Healthy Start, Cat Ndy	PW	Pregnant woman, 133%, no $, cat ndy	CARES
12	SeniorCare	SC	SC Copay, Up To 160%	CARES
12	SeniorCare	SD	SC Deductible, >160% - 200%	CARES
12	SeniorCare	SE	SC Deductible, >200% - 240%	CARES
12	SC/QMB	SF	SC/QMB Deductible, >160%-200%	CARES
12	SC/QMB	SG	SC/QMB Copay, Up To 160%	CARES
12	SeniorCare	SS	SC Spenddown, > 240% FPL	CARES
12	AFDC MA	WH	AFDC, 100 rule waiver	CARES
12	MA Extensions	X1	earnings/hours	CARES
12	MA Extensions	X2	$30+1/3 loss	CARES
12	MA Extensions	X3	$30 loss	CARES
12	MA Extensions	X4	$30 +1/6	CARES
13	FP/TB/QMB	FB	Family Planning/TB-related/QMB	CARES
13	FP/TB-Related	FT	Family Planning/TB-related	CARES
13	Presumptive FP/TB/QMB	PB	Presumptive Family Planning/TB-related/QMB	EDS
13	Presumptive FP/TB-related	PT	Presumptive Family Planning/TB-related	EDS
13	SC/TB/QMB	SH	SC/TB/QMB Deductible, >160%-200%	County - manual
13	SC/TB/QMB	SJ	SC/TB/QMB Copay, Up To 160%	County - manual
13	SC/TB-Related	ST	SC/TB-Related, Up To 160%	County - manual
13	SC/TB-Related	TS	SC/TB- Relate, Deduct, >160%-200%	County - manual
14	Other Cat Needy	AE	IRCA-alien; emergency service only	County - manual
14	Limited benefits - Family Care Non-MA	FC	Family Care, no MA card services	CARES
14	Limited benefits - Limited Services Eligibility	P2	Presumptive Eligibility, preg., med ndy	Qualified PE provider
14	Limited benefits - Limited Services Eligibility	PE	Presumptive Eligibility, preg., cat ndy	Qualified PE provider
14	Presumptive FP Services	PF	Presumptive Eligibility Family Planning Service	Qualified PE provider
14	Limited Benefits Qualified Buyin Individual - Grp1	Q1	Qualified Individual, 120% -135%	County - manual

14	Limited Benefits Qualified Buyin Individual - Grp2	Q2	Qualified Individual > 135%-175%, partial Part B only	County - manual
14	Limited benefits - QMB only	QN	QMB only, institutionalized	CARES
14	Limited benefits - QMB only	QR	QMB only, non-institutionalized	CARES
14	Limited Benefits QDWI	QW	QDWI	CARES
14	Limted Benefits SLMB Only	SB	SLMB only < 120%	CARES
14	Limited benefits - Limited Services Eligibility	TR	Tuberculosis-related eligibility	County - manual
15	Other Cat Needy (obsolete)	60	Undefined	N/A
15	100% State Funded (obsolete)	70	RNIP/MA	N/A
15	100% State Funded	71	good faith	EDS
15	100% State Funded	72	good faith	EDS
15	100% State Funded (obsolete)	73	RNIP/institutionalized	N/A
15	100% State Funded (obsolete)	74	Undefined	N/A
15	SSI-related, Cat Ndy, Protected (obsolete)	RC	Deemed-SSI, child, cat, no $	SDX
15	SSI-related, Med Ndy, Protected (obsolete)	RN	Deemed-SSI, child, no $, med ndy	SDX
15	Work not Welfare-Transitional (obsolete)	TM	AFDC re'd. No $, cat ndy	CARES
15	AFDC MA	WN	Work Not Welfare, AFDC, $, Cat Ndy	CARES
15	AFDC MA	WU	Work Not Welfare, AFDC-U, $, CN	CARES
	Hospital Pass Through (EDS use only)	HO	DRG Pass Throughs	N/A

Abbreviations/Terms

BAF   Buy-In Action Flag

CARES   Client Assistance for Re-Employment and Economic Support

COB   Coordination of Benefit (Same as TPL)

DOB   Date of Birth

EDS   Electronic Data Systems

HMO   Health Maintenance Organization

ICN   Internal Control Number - assigned by EDS to all eligibility update
                    records for audit trail.

MA   Medicaid, Medical Assistance

MA ID   Medicaid Identification Number.

Med Stat   Medical Status code. Used to define the program of assistance the
                    recipient is eligible for.

MMIS   Medicaid Management Information System

QDWI   Qualified Disabled Working Individual

QMB   Qualified Medicare Beneficiary

SDX   State Data Exchange.Contains MA eligibility data for SSI recipients.

SLMB   Specified Low Income Beneficiary

SSI   Supplemental Security Income

Title XVIII   Medicare

TPL   Third Party Liability (same as COB)

YOB   Year of Birth

Certifying County Codes and Names

Description Key:

RNIP	=	Relief to Needy Indian Program
DHCF	=	Division of Health Care Financing
DHFS	=	Department of Health and Family Services
DJC	=	Division of Juvenile Corrections
DCFS	=	Division of Children & Family Services
DES	=	Division of Economic Support
SSI	=	Supplemental Security Income
TPL	=	Third Party Liability
HMO	=	Health Maintenance Organization
EDS	=	Electronic Data Systems
MA	=	Medicaid
CARES	=	Client Assistance for Reemployment and Economic Support

Code – Name	Code – Name	Code – Name
001 – Adams	040 – Milwaukee	091 – Sokaogon RNIP
002 – Ashland	041 – Monroe	092 – Oneida RNIP
003 – Barron	042 – Oconto	094 – LacCourte RNIP
004 – Bayfield	043 – Oneida	095 – St. Croix RNIP
005 – Brown	044 – Outagamie	160 – DJC Southern Region
006 – Buffalo	045 – Ozaukee	180 – DCFS Madison
007 – Burnett	046 – Pepin	181 – DCFS Southeast Office
008 – Calumet	047 – Pierce	182 – DCFS South Office
009 – Chippewa	048 – Polk	183 – DCFS Fond du Lac
010 – Clark	049 – Portage	184 – DCFS East Office
011 – Columbia	050 – Price	185 – DCFS La Crosse
012 – Crawford	051 – Racine	186 – DCFS West Office
013 – Dane	052 – Richland	187 – DCFS Wisconsin Rapids
014 – Dodge	053 – Rock	188 – DCFS North Office
015 – Door	054 – Rusk	189 – DCFS Ashland
016 – Douglas	055 – St. Croix	191 – DCFS Milwaukee
017 – Dunn	056 – Sauk	260 – DJC Northwestern Regions
018 – Eau Claire	057 – Sawyer	360 - DJC Southern Region
019 – Florence	058 – Shawano	460 – DJC Northwestern Regions
020 – Fond du Lac	059 – Sheboygan	630 – DJC Northwestern Region
	060 – Taylor	660 – DJC So. Region - Milwaukee
021 – Forest	061 – Trempealeau	701-772 – SSI/MA Agencies
022 – Grant	062 – Vernon	800-829 – Presumptive Eligibility Providers
023 – Green	063 – Vilas	830 – Katie Beckett Program
024 – Green Lake	064 – Walworth	831-999 – Presumptive Eligibility Providers
025 – Iowa	065 – Washburn	
026 – Iron	066 – Washington	
027 – Jackson	067 – Waukesha	
028 – Jefferson	068 – Waupaca	
029 – Juneau	069 – Waushara	
030 – Kenosha	070 – Winnebago	
031 – Kewaunee	071 – Wood	
032 – La Crosse	072 – Menominee	
033 – Lafayette	073 – DHCF SeniorCare	
034 – Langlade	084 – Menominee RNIP	
035 – Lincoln	085 – Red Cliff RNIP	
036 – Manitowoc	086 – Stockbridge RNIP	
037 – Marathon	087 – Potawatomi RNIP	
038 – Marinette	088 – Lac Du Flambeau	
039 – Marquette	089 – Bad River RNIP	

W-2 Certifying Agency Codes

Cty Code	W2 Age	Name
021	01	Forward Service Corp. Forest County
029	01	Western Wisconsin Private Industry Council Juneau County
031	01	Forward Service Corp. Kewaunee County
040	01*	YW Works Milwaukee County Region I
040	02	United Migrant Opportunity Services Milwaukee County Region II
040	03	Opportunities Ind Center of Grtr Milwaukee Milwaukee County Region III
040	04*	Goodwill Industries of Southeastern Wis. Milwaukee County Region IV & V
040	05	MAXIMUS Milwaukee County region VI
043	01	Forward Service Corp. Oneida County
058	01	Shawano County Job Center Shawano County
063	01	Forward Service Corp. Vilas County
064	01	Kaiser Group Walworth County
088	01*	Lac du Flambeau Tribe
089	01*	Bad River Tribe
092	01*	Oneida Tribe

*   Not Currently Used

MCP Codes and Description

The following codes represent coverage for Medicaid/BadgerCare that is provided through a Health Maintenance Organization or a Special Managed Care program.

MCP Code/Name
01 Security Health Plan
02 Group Health Coop
03 Dean Health Plan
04 Atrium Health Plan
05 Greater LaCrosse Health Plan
06 Abri Health Plan (start date 11/1/04)
07 CompCare Health Services (end dated 3/31/00)
08 Family Health Plan (end dated 6/30/00)
09 Humana (end dated 1/31/01)
10 Coordinated Care Health Services (formerly Maxicare and end dated 2/29/00)
11 Mercy Care Health Plan
12 Network Health Plan
13 United Health of Wisconsin (formerly PrimeCare)
14 Samaritan Health Plan (end dated 12/31/91)
15 Touchpoint Health Plan (formerly United Health of Wisconsin)
16 Physicians Plus (end dated 12/31/00)
17 Group Health Eau Claire
21 Unity Health Plans (U-Care HMO Inc.)
22 Managed Health Services
30 Managed Health Services (end dated 8/31/97, Formerly Genesis Health Plan)
34 Valley Health Plan
41 SSI Provider – Managed Health Services
42 SSI Provider – United HealthCare
43 SSI Provider – Abri Health Plan
56 Allied Services
57 Family Care – CMO Grandfathered
58 Family Care – CMO Intermediate Level of Care
59 Family Care – CMO Comprehensive Level of Care
60 Health Care Connections (end dated 5/31/01)
62 Wraparound Milwaukee
63 Community Living Alliance (Partnership Program, Formerly Access to Independence)
64 Children Come First
65 Community Care for the Elderly
66 Independent Care Program
67 Center for Independent Living in Western Wisconsin
69 Elder Care Option Program (PACE Program)

MCP Exemption Codes
70 – 94 Exempt, Fee for Service (Prevents individual from being enrolled in an HMO)

Buy-In Eligibility Codes

Mandatory Buy-In Eligibility Codes

       L = Specified Low Income Medicare Beneficiary (SLMB)
       M = entitled to Medicaid only (MAO) – non-cash recipients who are not QMB
       P = Qualified Medicare Beneficiary (QMB)

Optional Buy-In Eligibility Codes

       C = entitled to Part A of Title IV (AFDC)
       U = Specified Low Income Medicare Beneficiaries Plan (SLMB+)
       Z = deemed categorically needy

CMS Generated Buy-In Eligibility Codes

       A = aged recipient of Federal SSI payments
       B = blind recipient of Federal SSI payments
       D = disabled recipient of Federal SSI payments
       E = aged recipient of supplemental payment administered by SSA
       F = blind recipient of supplemental payment administered by SSA
       G = disabled recipient of supplemental payment administered by SSA
       H = aged, blind, or disabled recipient of a one time payment